DEPARTMENT OF SOCIAL SERVICES 744 P Street, Sacramento, CA 95814



February 18, 1994

ALL COUNTY LETTER NO. 94-16

]	Rea	son for this Transmittal
[2	X]	State Law Change
ſ]	Federal Law or Regulation
		Change
[]	Court Order or Settlement
		Agreement
[]	Clarification Requested by
		One or More Counties
[]	Initiated by CDSS

TO: ALL COUNTY WELFARE DIRECTORS ALL COUNTY GAIN COORDINATORS

SUBJECT: IMPLEMENTATION OF THE CAL-LEARN PROGRAM

This letter is to assist in the implementation of the Cal-Learn Program which was established with the passage of Senate Bill (SB) 35 (Chapter 69, Statutes of 1993) and SB 1078 (Chapter 1252, Statutes of 1993). The Cal-Learn Program serves pregnant and custodial teen parents under the age of 19 who have not obtained a high school diploma and are receiving Aid to Families with Dependent Children (AFDC). The Cal-Learn Program provides fiscal incentives and disincentives as well as needed supportive services and intensive case management to encourage these teen parents to stay in or return to school and graduate.

Emergency regulations for the Cal-Learn Program will be filed with the Secretary of State and become effective April 1, 1994, pending final approval of the necessary federal waivers. We expect final approval of these waivers within the next two weeks. We are providing the enclosed draft emergency regulations to assist you in planning and preparing for implementation. We will notify you when the emergency regulations are approved by the State Office of Administrative Law and a copy of the adopted regulations will be provided as soon as they are available.

Training on the Cal-Learn Program will be provided at the end of February at five sites throughout the state. Training will be held in Sacramento, Redding, San Francisco, Fresno and Diamond Bar in Los Angeles County. Specific dates, locations and times have been provided in a separate letter with specific training information. A Question and Answer ACL will follow the training to address issues raised during the implementation period and the training sessions.

GUIDELINES

This letter provides specific instructions and materials necessary for the implementation of the Cal-Learn Program. Enclosed are the following materials:

- o A draft of the emergency regulations;
- o Cal-Learn Notice of Action (NOA) Message documents with instructions and NOA forms;
- o AFDC/Cal-Learn NOA Message documents;
- o Cal-Learn forms;
- o Supportive Services NOAs Quick Reference Guide;
- o Program Flow Chart; and
- o The Model Contract.

The NOAs and forms translated into Spanish and the four standard Asian languages will also be sent to the County Forms Coordinators by the Language Services Bureau under separate cover.

Cal-Learn County Plan

Beginning March 1, 1994, counties may submit a Cal-Learn County Plan. Cal-Learn Planning Guidelines for Fiscal Year 1993/94 will be sent to counties in a separate letter. Section 42-767 of the emergency regulations defines what must be included in the Cal-Learn County Plan. Counties must coordinate with Adolescent Family Life Program (AFLP) providers and/or local health agencies in their planning process. Counties must submit the Cal-Learn County Plan to CDSS, Employment Policy Section for review and approval. If a county is not contracting with an AFLP provider for Cal-Learn case management services, the County Plan must include information regarding case management protocols (procedures) pursuant to guidelines established by the California This information will be Department of Health Services (CDHS). reviewed and approved by CDHS. The California Department of Social Services (CDSS) and CDHS, if necessary, will approve or deny the Plan no later than 60 days from the time the Plan is received.

Implementation

If a county has an approved GAIN teen parent program, the county can continue to operate its GAIN teen parent program until the county has an approved Cal-Learn Program. At that time, the county will begin to phase those teen parents into the Cal-Learn Program and the GAIN teen parent program will cease.

Counties may phase in eligible teen parents or bring them all in at one time. The Cal-Learn phase-in process must be identified in the Cal-Learn County Plans. All eligible teens must be brought into the Cal-Learn Program within 12 months from the time the county implements its Cal-Learn Program but no later than September 1, 1995 regardless of when the county begins the Cal-Learn Program.

Informing Requirements

Counties must inform the caretaker relative and the pregnant or custodial teen parent of the Cal-Learn Program as soon as the county's Cal-Learn County Plan is approved and the county is ready to bring the teen parent into the Program. The informing requirements are provided in Section 42-764 of the emergency regulations.

Teen parents will be provided the program requirements both orally and in writing at the time of the Cal-Learn Program Orientation. Program Orientation may be a separate activity or it can be combined with the development of the teen parent's report card schedule and supportive services plan.

Eligibility

The Cal-Learn Program requires participation for all eligible teen parents. Teen parents in both their own or their caretaker relatives' assistance units (AUs) must participate in the Cal-Learn Program. The Cal-Learn eligibility requirements are defined in Section 42-763.1 of the emergency regulations.

Custodial teen parents are teen parents living in the same AU as their child. In those situations where both the teen mother and teen father are in the same AU and meet all eligibility requirements, they both must participate in the Cal-Learn Program.

A teen parent eligible for Cal-Learn who is working and not attending school will not be exempt or deferred from the Cal-Learn Program. The teen parent must attend school full-time in a program which leads to a high school diploma or its equivalent.

Teen parents will only be eligible for the Cal-Learn Program as long as they are eligible for and are receiving AFDC. When the teen parent turns 19 years of age or graduates from high school or its equivalent, the teen parent will transition to the GAIN Program.

Bonuses and Sanctions

The Cal-Learn Program will provide bonuses or impose sanctions to encourage teen parents to return to school and earn a diploma or its equivalent. Teen parents who make satisfactory progress in school will be eligible to earn up to four \$100 bonuses a school year. In addition, upon graduation from high school or its equivalent, a teen parent will receive a \$500 bonus. A teen parent's AU will be subject to a \$100 sanction for up to four report card periods in which the teen parent fails to make adequate progress. Sanctions will be apportioned equally over two consecutive months.

Supportive Services

The Cal-Learn Program will provide supportive services and intensive case management. The supportive services will include child care, transportation and ancillary expenses. Case management will be modeled on the AFLP standards. The scope of services include linking each teen parent to needed health and social services available in the teen parent's community.

Contracting for Case Management

The Model Contract is being provided to counties to assist in developing a contract for case management. Statute requires CDSS to provide counties a Model Contract for contracting for case management services. Statute also requires counties to contract with AFLP providers for case management services with certain exceptions. The exceptions are: (1) when the AFLP services are not available; (2) the AFLP provider is not cost effective; or (3) if the county has an existing GAIN teen parent program operating under an approved GAIN County Plan.

When case management services are provided by the county or another agency other than a AFLP provider, the case management services must conform to the AFLP standards and scope of services. They also must be designed with the cooperation of the local county health agency and approved by CDHS. The Cal-Learn County Plan submitted to CDSS will contain the information to be approved by CDHS.

Fiscal Claiming

Detailed claiming instructions for the Cal-Learn Program will follow shortly in a separate County Fiscal Letter. If there are any questions about fiscal claiming, please call the Fiscal Policy and Procedures Bureau, Administrative Policy Unit at (916) 657-3440 or (CALNET) 8-437-3440.

Food Stamps

For Food Stamp Program purposes, the \$100 and \$500 bonus payments under the Cal-Learn Program will be considered exempt from income as nonrecurring lump sum payments. (See Manual of Policies and Procedures (MPP) 63-502.2(j).) They will be counted as a resource in the month received as specified in MPP 63-501.111. If a teen parent's AU has his/her AFDC grant reduced as a result of a Cal-Learn sanction, Food Stamp benefits will be determined based on the actual amount of the AFDC grant as specified in MPP 63-502.14.

Medi-Cal

For the purpose of Medi-Cal, the Cal-Learn bonus will be excluded as income and property (resource) in the month the bonus is received for the purpose of determining Medi-Cal eligibility as long as the teen parent is a recipient of AFDC in the month the bonus is received.

If you have any questions or need any assistance regarding the implementation the Cal-Learn Program or the enclosed materials, please contact the Cal-Learn Unit at (916) 654-1424.

MICHAEL C. GENEST

Deputy Director

Welfare Programs Division

California Department of Social

Services

STEPHEN W. KESSLER

Deputy Director

Primary Care and Family Health Division

California Department of Health

Services

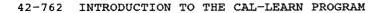
Enclosures

c: CWDA CDHS

CAL-LEARN PROGRAM

DRAFT EMERGENCY REGULATIONS

SECTION 42	2-762	INTRODUCTION TO THE CAL-LEARN PROGRAM
SECTION 42		CAL-LEARN PROGRAM ELIGIBILITY AND PROGRAM PARTICIPATION REQUIREMENTS
SECTION 42	2-764	NOTIFICATION AND ORIENTATION
SECTION 42	2-765	SUPPORTIVE SERVICES
SECTION 42	2-766	CAL-LEARN CASE MANAGEMENT SERVICES
SECTION 42	2-767	CAL-LEARN COUNTY PLAN
SECTION 42	2-768	CAL-LEARN GOOD CAUSE DETERMINATION
SECTION 42	2-769	APPLICATION OF BONUSES AND SANCTIONS





HANDBOOK BEGINS HERE

.1 Background

Social science research has established a strong connection between teenage parenting and long-term welfare dependency. Senate Bill (SB) 35, Chapter 69, Statutes of 1993, and SB 1078, Chapter 1252, Statutes of 1993, established the Cal-Learn Program to address the unique educational, vocational, training, health, and other social service needs of Aid to Families with Dependent Children (AFDC) dependent teenage parents to help them achieve self-sufficiency. As part of the California Work Pays Demonstration Project (CWPDP), the Cal-Learn Program serves AFDC recipients under 19 years old who are custodial parents or pregnant. To encourage these teen parents to stay in or return to high school or an equivalent program and earn a diploma or its equivalent, the Cal-Learn Program provides fiscal incentives and disincentives as well as needed supportive services and intensive case management.

.2 Outline of the Major Program Requirements

The major program requirements of the Cal-Learn Program are as follows:

- .21 Each teen parent will be required to attend full-time school programs that will lead to a high school diploma or equivalent until they receive a high school diploma or its equivalent or turn 19 years old.
- .22 An assistance unit (AU) with a teen parent or parents will receive up to four \$100 bonuses each calendar year for each teen parent that makes satisfactory progress in their school program.
- .23 Each teen parent receiving a high school diploma or its equivalent will receive a \$500 bonus.
- .24 An AU with a teen parent or parents will receive a \$100 sanction up to four times each calendar year for each teen parent who fails to make adequate progress in their school program without demonstrating good cause.
- 25 Child care, transportation and ancillary expense payments will be provided to enable a teen parent to continue in or enroll in school.
- .26 Intensive case management services modeled on the Adolescent Family Life Program (AFLP) will be provided which will include linking each teen parent to needed health and social services available in the teen parent's community.



.261 The services provided under the AFLP case management model are a process which assists the teen parent to receive needed services within a multi- and transdisciplinary network in an efficient, supportive and effective manner. Case management is teen parent-centered, culturally appropriate and goal-oriented. It is interactive, involving the teen parent and the teen parent's family, significant others and support persons as equal partners with the case manager in identifying needs and defining ways to meet those needs. Building interpersonal relationships among teen parents, case managers and others is both a method and goal of case management.

HANDBOOK ENDS HERE

- .3 Definition for Terms Used in The Cal-Learn Program
 - a. (1) "Adequate progress" means making a "D" (1.0) grade point average on a report card.
 - "Ancillary expenses" means expenses a teen parent needs to attend and/or graduate from high school or its equivalent. This includes, but is not limited to, school books, GED testing costs, laboratory fees, etc.
 - (3) "AFLP" means the Adolescent Family Life Program.
 - (4) "AU" means assistance unit.
 - b. (1) "Bonus" means a payment of money that is made as part of the AU's cash aid for a teen parent making satisfactory progress in the teen parent's educational program.
 - c. (1) "CDHS" means the California Department of Health Services.
 - (2) "CDSS" means the California Department of Social Services.
 - (3) "Control group" means an evaluation group of teen parents who shall not participate in Cal-Learn.
 - (4) "CWD" means the county welfare department.
 - (5) "CWPDP" means the California Work Pays Demonstration Project.
 - d. (1) "Deferred" means a teen parent who is not required to participate in the Cal-Learn Program in accordance with the deferral criteria. A deferred teen parent receives case management services but is not subject to sanctions, eligible for bonuses or supportive services.
 - e. (1) "Exempt" means an individual who is not required to participate in accordance with the Cal-Learn exemption criteria. An exempt individual receives no services and is not subject to sanctions or eliqible for bonuses.



f. Reserved

- q. (1) "GAIN" means the Greater Avenues for Independence.
 - (2) "GED" means a General Education Development examination.
- h. (1) "Head of the AU" is the caretaker relative in the AU.
- i. (1) "Independent living" means a person no longer receiving public aid.
- j. through q. Reserved
- r. (1) "Report card" means a periodic report on a teen parent's academic achievement routinely issued by a school.
- s. (1) "Sanction" means the reduction in the cash aid payment for the AU based on the Cal-Learn sanction criteria.
 - (2) "Satisfactory progress" means making at least a "C" (2.0) grade point average on a report card.
 - (3) "Special need" under this section means an event or condition which clearly and directly prevents a teen parent from making adequate progress in school or earning a diploma.
 - (4) "Supportive services" means transportation, child care and ancillary expenses needed by teen parents to attend their educational programs.
- t. (1) "Teen parent" means a person who is not exempt, meets the below eligibility criteria, and has entered the Cal-Learn Program. An individual has entered the program under Section 42-764.1.
 - (A) Is an AFDC recipient who is under the age of 19; and
 - (B) Has not obtained a high school diploma or its equivalent; and
 - (C) Resides with his or her child in the same AU; or
 - (D) Is pregnant.

u. through z. Reserved

.4 Federal Demonstration Project

.41 The United States Department of Health and Human Services (USDHHS) chose four counties to participate in the CWPDP. These four CWDs shall comply with the Cal-Learn Program research procedures throughout the duration of the demonstration project.



- .42 The CWD shall provide adequate notification to GAIN registrants who have been assigned to the Cal-Learn evaluation control group.
- .43 The designation and treatment of the control group shall be accomplished pursuant to the project's mandated parameters outlined in the Federal Terms and Conditions as approved by the USDHHS.
 - .431 Designation and treatment of the control groups members shall be limited to control group members residing within the four research counties.
 - .432 A break-in-aid shall not affect a teen parent's status in the research project as long as the member continues to reside in a research county.

.5 Data Collection

The CWD shall ensure data is collected and submitted in accordance with CDSS statistical reporting requirements. The data shall include, but not be limited to the following:

- .51 Number of new teen parents entering the Cal-Learn Program.
- .52 Number of teen parents transferring from other counties.
- .53 Number of teen parents receiving a high school diploma or equivalent.
- .54 Number of teen parents who are deferred or exempted from the Cal-Learn Program and the reason for deferrals or exemptions.
- .55 Number of teen parents children receiving child care services by type of provider.
- .56 Number of teen parents receiving transportation payments.
- .57 Number of teen parents receiving ancillary expense payments.
- .58 Number of teen parents receiving a bonus, separated by \$100 and \$500 bonuses.
- .59 Number of teen parents receiving a sanction.

.6 CWD Responsibilities

The CWD shall perform the following. The CWD shall not contract, delegate or otherwise transfer the responsibility to perform all or part of the following duties:

- .61 Good cause determination under Section 42-768;
- .62 Exemption determination under Section 42-763.2;



- .63 Deferral determination under Section 42-763.3;
- .64 Sanction determination under Section 42-769;
- .65 Bonus determination under Section 42-769;
- .66 Issuance of bonuses under Section 42-769; or
- .67 Reduction of a grant under Section 42-769 due to a sanction determination.

.7 Federal AFDC Eligibility

Individuals who have entered the Cal-Learn Program who are pregnant with no other children shall be federally eligible for AFDC during their first and second trimesters of pregnancy.



42-763 CAL-LEARN PROGRAM ELIGIBILITY AND PROGRAM PARTICIPATION REQUIREMENTS

.1 Eligibility

- .11 Individuals who meet the following conditions shall be registered for the GAIN Program and shall be required to participate in the Cal-Learn Program unless exempt under Section 42-763.2.
 - .111 Is an AFDC recipient who is under the age of 19; and
 - .112 Has not obtained a high school diploma or its equivalent; and
 - .113 Resides with his or her child in the same AU; or
 - .114 Is pregnant and the pregnancy is verified under Section 80-301(m)(2).
- .12 An individual assigned to a control group under Section 42-762.4 shall not be eligible for the Cal-Learn Program for the duration of the research period unless he or she moves to a county that is not participating in the research project under Section 42-762.4.
- .13 An individual assigned to the Basic Education Study in Riverside County shall not be eligible for the Cal-Learn Program for the duration of the individual's random assignment to this study.

.2 Exemption

Individuals meeting the requirements below shall be exempt from GAIN registration and the Cal-Learn Program. An exemption shall be granted by the CWD if the individual:

- .21 Has a serious illness, injury, or incapacity that prevents the teen parent from meeting the Cal-Learn Program requirements of enrolling in school under Section 42-763.71 and attending full-time under Section 42-763.72 for a period of more than three months.
 - .211 The exemption based on illness, injury or incapacity shall be supported by a written statement from a physician or a licensed or certified psychologist and includes the following:
 - (a) A description of the individual's condition;
 - (b) An explanation of why the individual's condition prevents him or her from meeting program requirements;
 - (c) The expected duration of the condition;
 - (d) The date of the next scheduled examination or appointment; and



- (e) The doctor's name, address and phone number.
- .212 Where a written statement cannot be obtained timely for reasons beyond the control of the individual, an oral statement from the physician or the licensed or certified psychologist with the information required in this section shall be accepted pending written verification up to a maximum of 60 days.
 - (a) The CWD shall document the oral statement which shall include: 1) the date the oral statement was obtained; 2) the name of the person who supplied the oral statement; 3) the person who obtained the oral statement; and 4) a description of the statement.
- .22 Is expelled from school and enrollment in any alternative school cannot be arranged.
 - .221 The individual or the head of the AU shall provide written verification from the school district in which the individual is a resident that no school in the individual's district will permit the individual to enroll.
- .23 Needs Cal-Learn Program paid child care and/or transportation in order to meet Cal-Learn Program requirements and the service is not available for a period of three or more months.
- .24 Cannot receive payment for child care or transportation expenses due to lack of program funding.
- .25 Is eligible for AFDC-FC and payment is being made on behalf of the individual.

.3 Deferral

Teen parents who are unable to meet Cal-Learn Program requirements due to the following deferral criteria shall be deferred from the Cal-Learn participation until the CWD determines that the situation requiring deferral no longer exists. Deferral shall be granted by the CWD if the teen parent:

- .31 Needs supportive services under Section 42-765 which are temporarily not available or case management services under Section 42-766.
- .32 Has a special need that substantially deprives the teen parent's ability to meet program requirements or be successful in earning a high school diploma or its equivalent, and the special need cannot be addressed.
 - .321 Substantially deprives means the teen parent is severely restricted beyond the teen parent's control to attend school and no home study or other special arrangements can be made with the school.



(a) Beyond the control of the teen parent shall include, but not be limited to, acts of nature such as fire, earth quake, flood, death of a child or parent, child is hospitalized, child or teen parent is seriously ill or injured.

HANDBOOK BEGINS HERE

(b) EXAMPLE:

Sara suffered an injury in a car accident for which her physician stated she would be unable to attend school for six weeks. However, the physician stated that Sara would be able to continue her school work at home in two weeks. Sara's case manager contacted Sara's school and was able to arrange a home study program which gave Sara the ability to make adequate progress for the report card period. Sara does not qualify for a deferral.

HANDBOOK ENDS HERE

- .322 Documentation under Section 42-763.211 or .212 shall be required for a special needs deferral which is an illness, injury or incapacity.
 - (a) Documentation shall be accepted from a physician, licensed or certified psychologist, licensed Marriage Family and Child Counselor or a Licensed Clinical Social Worker.
- .33 Has been prescribed a period of time for postpartum recovery after the birth of a child by a physician.
 - .331 Documentation under Section 42-763.322 shall be required.

HANDBOOK BEGINS HERE

.4 Individuals exempt or deferred from the Cal-Learn Program are not exempt or deferred from attending school. The California Education Code (CEC), section 48200 states that each person between the ages of 6 and 18 years, not exempted under Chapter 2 or 3 of the CEC, is subject to compulsory full-time education.

HANDBOOK ENDS HERE

.5 Documentation, Review and Notification

CWDs or case managers shall:

- .51 Document the estimated duration of the exemption or deferral status.
 - .511 The CWD or case manager shall verify submitted documentation if authenticity is in doubt or when the information is inconsistent with information that is known.



- .52 Review exemption status at the end of the projected length of time of the exemption, or upon the request of the individual or head of the AU, but no less often than every six months.
- .53 Review deferral status at the end of the projected length of the deferral, or upon the request of the teen parent or head of the AU, but no less often than every three months.
- .54 Notify a teen parent and the head of the AU when a teen parent is exempt or deferred from the Cal-Learn Program and the right to have the exemption or deferral reviewed.

.6 Service Provisions

- .61 Exempt individuals shall not be eligible to receive Cal-Learn supportive services under Section 42-765, case management services under Section 42-766, or bonuses or sanctions under Section 42-769.
- .62 Deferred teen parents shall not be eligible to receive Cal-Learn supportive services under Section 42-765 and sanctions and bonuses under Section 42-769. Deferred teen parents shall receive case management under Section 42-766 except for teen parents who are deferred due to case management not being available.

.7 Participation Requirements

Teen parents shall:

- .71 Enroll and attend full-time (as defined by the school) in a school program which shall lead to a high school diploma or its equivalent.
 - .711 For the purposes of the Cal-Learn Program, high school equivalency programs shall include, but not be limited to, preparation classes for the GED examination and the California high school certificate of proficiency examination.
 - .712 Vocational training programs which are not part of a high school or its equivalent curriculum shall not meet the Cal-Learn participation requirements.
 - .713 Except as provided in Section 42-763.722, teen parents who are enrolled in a program which has no "full-time" definition shall participate in a minimum of 10 hours of school activity per week during each week that participation is required.
 - .714 When a teen parent is enrolled in a school program which cannot provide a minimum of 10 hours per week of school activity, the AU shall provide written verification from the school in which the teen parent is enrolled confirming this limitation.
- .73 Participate in the Cal-Learn Program until the end of the month in which the teen parent turns age 19 or until either a high school diploma or its equivalent is received.



- .74 Assist in the development of the case plan including a report card schedule as part of the case plan under Section 42-766.333.
- .75 Submit report cards to the case manager.
 - .751 A teen parent shall be responsible for submitting the report card to the teen parent's case manager within 10 working days from the date the report card is issued.
- .8 Break In Program Participation

When a teen parent has a break-in-aid or is exempted from the program for 90 days or more, the following conditions shall be met.

- .81 The teen parent shall be rescheduled for orientation and shall be provided program requirements under Section 42-764.2; and
- .82 The teen parent shall participate in the Cal-Learn Program for 90 days under Sections 42-766.334 and 42-766.335(a) before being eligible for bonuses or subject to sanctions under Section 42-769.

HANDBOOK BEGINS HERE

.83 Example: Bill is discontinued effective February 28. He remains in school and is reinstated effective June 2. His report card for the school term ending June 30 indicates satisfactory progress. Bill is not eligible for a bonus because his break-in-aid was for more than 90 days and he has not participated for 90 days after his AFDC was reinstated.

HANDBOOK ENDS HERE

42-764 NOTIFICATION AND ORIENTATION



.1 Notification

When a CWD determines that an individual is required to participate in the Cal-Learn Program, a Cal-Learn Program notice shall be sent to both the individual and the head of the AU with an appointment date for the Cal-Learn eligible individual to attend orientation under Section 42-764.2.

- .11 The notice shall include:
 - .111 A general description of the Cal-Learn Program;
 - .112 A description of the supportive services and case management services provided to teen parents;
 - .113 A statement that the notice is not notification of program requirements and that Cal-Learn Program requirements shall be provided during the teen parent's orientation; and
 - .114 The date the individual has been scheduled for orientation.

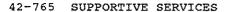
.2 Orientation

A Cal-Learn orientation shall be scheduled and provided to teen parents.

- .21 In addition to written and oral descriptions of the program under Sections 42-764.111 and .112, orientation shall also provide the teen parent written and oral descriptions of the following:
 - .211 Cal-Learn Program participation requirements under Section 42-763.7;
 - .212 A description of the Cal-Learn Program exemption and deferral criteria and an explanation that a Cal-Learn Program exemption or deferral does not provide an exemption from attending school under the California Education Code.
 - .213 The Cal-Learn bonuses and sanctions, and the consequences the sanctions and bonuses shall impose; and
 - .214 The right to show good cause for failing to demonstrate adequate progress.
 - .215 The consequences of a break-in-aid.
- .22 No later than 30 days after the teen parent attends orientation, the head of the AU shall be sent a notice containing a Cal-Learn Program description and the program requirements under Section 42-764.21.



- .23 When a teen parent fails to attend the scheduled orientation, the teen parent and the head of the AU shall be sent a notice containing a Cal-Learn Program description and the program requirements under Section 42-764.21 no later than 30 days after the scheduled orientation.
 - .231 The teen parent's report card schedule developed by the case manager under Section 42-766.333 shall be attached to the notice.





.1 Supportive Services Provisions

Teen parents shall receive child care, transportation and ancillary expenses under Section 42-750. The procedures under Section 42-750 shall be used for the payment of supportive services and the collection of an unused portion of an advance supportive service payment.

- .11 Supportive services shall be limited to those services teen parents need to attend their school programs regularly.
- .2 Overpayments and Underpayments

The procedures under Section 42-751 shall be used for the issuance of underpayments and the collection of overpayments.

42-766 CAL-LEARN CASE MANAGEMENT SERVICES



.1 Case Management

- .11 Case management services shall be provided to each teen parent in the Cal-Learn Program.
 - .111 Case management services shall provide assistance to teen parents to obtain:
 - (a) The educational services necessary to earn a high school diploma or its equivalent.
 - (b) Health and social services, including, but not limited to those designed to:
 - (1) Reduce the incidence of maternal and child morbidity and mortality, including the incidence of low birthweight infants;
 - (2) Enhance the teen parent's parenting skills;
 - (3) Facilitate an effective ongoing relationship between the teen parent, the noncustodial parent and the child where it is in the best interest of the child and the teen parent; and
 - (4) Assess the suitability of the teen parent's living situation including, but not limited to the physical and emotional health and safety of the teen parent and child.

.12 Standards for Case Managers

- .121 Case managers shall possess an expertise in the education, training and other social and health service needs of teen parents, as well as the local programs that provide these services.
 - (a) Training shall be provided to case managers to develop and update the required expertise.
- .122 Case managers shall have sufficient time to provide the needed case management services to teen parents.
- .13 Provision of Case Management Services
 - .131 Adolescent Family Life Program (AFLP) Contracting Requirement

Except as provided in Section 42-766.132, the CWD shall contract with an existing AFLP provider for case management services.



.132 Exceptions to Contracting With AFLP

The CWD may contract with public or nonprofit agencies or school districts for all or part of case management services or may provide all or part of case management services directly only when one of the following conditions exist:

- (a) AFLP services are not available; or
- (b) AFLP services are not cost-effective; or
- (c) The CWD has an existing GAIN teen parent program operating under an approved GAIN County Plan.

.133 Requirements When Not Contracting With AFLP

When case management services are provided by the CWD or by an agency which is not administering an AFLP, the following conditions shall be met:

- (a) The services conform to the standards and scope of the services provided through the AFLP as determined by CDHS; and
- (b) The Cal-Learn County Plan as specified in Section 42-767 includes justification for not contracting with the AFLP; and
- (c) The services have been designed with the cooperation of the local county health agency.

.2 Case Manager

General responsibilities for the case manager shall include the following:

- .21 Provide referrals to appropriate community services needed to assist the teen parent to continue in or return to school.
- .22 Monitor each teen parent through monthly contacts, a collateral or service provider to determine the effectiveness of service provision. Assess progress toward case plan goals and make the necessary changes to improve the teen parent's program.
- .23 Act as a counselor, colleague, and role model so that each teen parent has someone to trust and to turn to for advice, guidance and ideas.
- .24 Ensure that each teen parent understands the program requirements and consequences of not making adequate or satisfactory progress.
- .25 Identify the need for and method of providing supportive services under Section 42-765.
- .26 Develop a case plan under Section 42-766.3 to assist the teen parent to graduate from high school or its equivalent.



- .27 Provide program exemption, program deferral, good cause, bonus and sanction determinations or recommendations.
 - .271 Case managers who are not CWD employees shall provide the CWD with a recommendation and supporting documentation.
 - .272 CWDs shall make the appropriate determination.
- .28 Make reasonable efforts to reach teen parents who are not making adequate progress.

.3 Case Plan

The case manager shall develop a case plan. The case plan shall include, but not be limited to, the following:

- .31 Planned intervals of contacts and visits between the case manager and the teen parent, and the head of the AU, as appropriate.
 - .311 At a minimum, the intervals shall include monthly contacts and quarterly case plan reviews with the teen parent.
- .32 A description of the teen parent's school program.
 - .322 For a teen parent not enrolled in and/or attending school, the date the teen parent shall be expected to be enrolled in and attending school shall be documented.
- .33 A report card submittal schedule containing no more than four calendar dates on which the teen parent shall be required to submit each report card to the case manager.
 - .331 Teen parents in school programs which routinely issue less than four report cards in a 12-month period shall be required to submit the number of report cards issued.
 - .332 When a teen parent fails to participate with the development of the case plan, the case manager shall establish a report card submittal schedule containing four dates within the calendar year.
 - .333 The date for submission of report cards shall be 10 days from the date the report card is issued by the school.
 - .334 For purposes of bonuses and sanctions under Section 42-769, the requirement to submit a report card shall not begin until the teen parent has been required to participate in the Cal-Learn Program for 90 days.
 - (a) The 90-day period begins the first day of the month after the date the teen parent attended orientation or the date the teen parent and head of the AU were sent program notification under Section 42-764.23.



HANDBOOK BEGINS HERE

(b) Example: Sara was notified of the requirements to participate in the Cal-Learn Program during orientation in September. She receives a report card in January. She is required to submit this report card to her case manager.

(c) Example: Maryanne did not attend orientation and was subsequently sent a notice of the Cal-Learn Program requirements in March. She receives a report card in May. She is not required to turn in this report card. She subsequently received a report card in November, which she is required to submit.

HANDBOOK ENDS HERE

- (d) When a break in participation of less than 90 days occurs during the 90-day participation period, the days of the break shall not be counted as part of the 90-day participation period.
 - (1) A break in participation shall be a break-in-aid or a Cal-Learn exemption or deferral.
 - (2) The case manager shall review the teen parent's report card schedule and make necessary changes to reflect the break-in-aid.
 - (A) The schedule shall be sent to both the teen parent and the head of the AU within 10 working days from the date the case manager was informed that the teen parent resumed aid.
- .34 Supportive services to be provided to the teen parent.
- .35 Documentation of referrals to or provision of services to the teen parent including those in Section 42-766.111.
 - .351 The documentation shall include whether the referred service was provided to the teen and the outcome of service provision.
- .4 Report Card Submittal Schedule Notification and Case Plan Update
 - .41 The teen parent's report card submittal schedule under Section 42-766.33 shall be sent to the teen parent and the head of the AU within 30 days from the date the teen parent attended orientation or the date the teen parent and the head of the AU were sent program notification under Section 42-764.23.



- .42 Following a teen parent's deferral or break in participation of less than 90 days, the case manager shall review and update the teen parent's report card submittal schedule.
 - .421 The schedule shall be sent to the teen parent and the head of the AU within 10 working days from the date the case manager was informed by the CWD that the teen parent's break ended.
- .43 The case manager shall review and update the case plan as necessary, but no less than every three months.

.5 Exemption and Deferral Determination

- or if the teen parent's circumstances change, the case manager shall determine if the teen parent shall be exempt under Section 42-763.2 or deferred under Section 42-763.3 from the Cal-Learn Program.
- .52 When a case manager who is not a CWD employee finds that a teen parent should be exempt or deferred, the case manager shall make a recommendation to the CWD and provide substantiating documentation.
 - .521 The CWD shall review the case managers documentation and recommendation to determine if the teen parent shall be exempt or deferred.

.6 Determination of School Progress

Case managers shall determine if report cards are submitted as required in the teen parent's report card submittal schedule under Section 42-766.33 and shall review report cards to determine school progress for the purposes of a bonus or sanction.

.61 Case Manager Is Not A CWD Employee

To initiate a bonus or sanction, the case manager shall provide the CWD with the recommendation and the documentation, including the report card, which substantiates the recommended action.

.62 Report Card Determination of Adequate and Satisfactory Progress

For the purpose of determining adequate and satisfactory progress for report cards under Section 42-766.33, adequate progress shall mean maintaining a grade point average of at least 1.0 and satisfactory progress shall mean maintaining a grade point average of 2.0 and above on a scale where A equals 4.0 points and F equals 0 points.

.621 Report Cards Containing Letter Grades

When a report card containing letter grades is provided without that report's grade point average or individual letter grade point values, the report card's grade point average shall be computed by giving each grade a point value as specified below:



(a) A+, A, A- equal 4.0

B+, B, B- equal 3.0

C+, C, C- equal 2.0

D+, D, D- equal 1.0

F, Incomplete equal O

.622 Report Cards Without Letter Grades

When report cards do not contain letter grades, or the school providing letter grades has an alternative method of determining adequate and satisfactory progress, satisfactory and adequate progress shall be determined by the school's regular assessment of periodic progress.

.623 For the purposes of this section, only grades contained on the submitted report card shall be used for grade point average determination. Cumulative grade point averages shall not be used.

.63 Report Cards Submitted as Required

When the teen parent submits the report card as required, the case manager shall take the following action:

.631 Satisfactory Progress

Initiate the \$100 bonus for the AU when the report card reflects satisfactory progress under Section 42-766.62.

- (a) The case manager shall initiate a bonus as soon as administratively possible, but no later than 5 working days from the date:
 - (1) The report card was submitted as required on the report card submittal schedule; or
 - (2) It has been determined that the teen parent had good cause for late report card submittal under Section 42-766.641; or
 - (3) The case manager received a completed grade or at the end of the time period identified under Section 42-766.65.

.632 Adequate Progress

Notify the head of the teen parent's AU that the report card reflects adequate progress and that no grant adjustment shall be made when the report card reflects adequate progress under Section 42-766.62.



.633 Failure to Demonstrate Adequate Progress

Make reasonable efforts as specified in Section 42-766.7 when the report card does not reflect that the teen parent is demonstrating adequate progress under Section 42-766.62.

- (a) If good cause is not found within the 10-day reasonable efforts period, the case manager shall initiate the \$100 sanction.
- (b) If good cause is found within the 10-day reasonable effort period, the case manager shall not initiate the \$100 sanction.

.64 Report Cards Not Submitted as Required

When a teen parent fails to submit a report card as required, the case manager shall make reasonable efforts under Section 42-766.7.

.641 Good Cause Found for Late Submittal

If the teen parent submits the report card within the 10-day reasonable effort period, and it is determined that there was good cause for late submittal, the case manager shall treat the report card as having been submitted as required under Section 42-766.63.

.642 Good Cause Not Found for Late Submittal

If the report card is submitted within the 10-day reasonable effort period, but good cause for late submittal is not found, the sanction shall be reduced to \$50 when:

- (a) The report card reflects adequate progress or better, or
- (b) The teen parent showed good cause for a report card which did not reflect adequate progress.

.643 Report Card Not Submitted

The case manager shall initiate the \$100 sanction under Section 42-769.2 when the teen parent does not turn in the required report card by the end of the 10-day reasonable effort period.

.65 Report Cards Containing Incomplete Grades

when a teen parent submits a report card containing an incomplete grade(s) which could affect eligibility of a bonus or sanction, the CWD shall follow the procedure under either 42-766.651 or 42-766.652. The option chosen shall be established countywide and shall be documented in the Cal-Learn County Plan.

- .651 A bonus or sanction shall not be initiated until after 45 calendar days from the date the report card was received by the case manager. A completed grade(s) may be submitted during the time period established by the teen parent's school for completing grades.
 - (a) Adequate and satisfactory progress shall be determined using the grades received by the end of the 45 day period beginning on the date the case manager received the report card containing the incomplete grade(s).
 - (b) The teen parent's eligibility of a bonus or sanction shall be determined again when a completed grade is submitted after this 45 day period, but within the time period established by the teen parent's school for completing grades.
 - (c) The case manager shall treat the report card as having been submitted as required under Section 42-766.63.
- .652 A bonus or sanction shall not be initiated until after the time period established by the school the teen parent is attending for completing grades.
 - (a) Adequate and satisfactory progress shall be determined using the grades received by the end of the school's allowable time period and the case manager shall treat the report card as having been submitted as required under section 42-766.63.
- .653 Within five working days from the date the case manager received the incomplete report card under Section 42-766.651 or 42-766.652, the case manager shall send a notice to the teen parent and the head of the AU explaining the CWD's procedure for submitting a completed grade and the consequences of not submitting a completed grade.
- .66 Notification of Failure to Participate

If good cause is not found for failure or refusal to comply with program requirements on the part of the teen parent, the case manager shall inform the teen parent and the head of the AU of the consequences of not participating and provide the teen parent with the telephone number and address of the local welfare rights organization or legal aid society should the teen parent need further assistance.

- .67 Conclusion of Cal-Learn Participation
 - .671 A teen parent shall not participate in the Cal-Learn Program after the end of the month in which the teen parent turns 19 years old.

- (a) When the teen parent qualifies for a \$100 or \$500 bonus or a sanction before the end of the month in which the teen parent turns 19 years old and the action was not initiated before the end of that month, the case manager shall initiate the bonus or sanction after the end of that month.
- (b) The case manager shall not initiate a bonus or sanction for a report card period that ends after the month the teen parent turns age 19.
- (c) When a teen parent ends participation due to turning age 19 or when the teen parent earns a high school diploma or its equivalent, the case manager shall notify the teen parent that the teen parent is no longer in the Cal-Learn Program.
- .672 When it is known to the case manager that a teen parent is approaching the end of participation in the Cal-Learn Program, the case manager shall assist the teen parent in transitioning to independent living or to participation in GAIN.

.7 Reasonable Efforts

Within 10 working days from the date the teen parent was required to submit a report card under Section 42-766.33, the case manager shall:

- .71 Send a notice to the teen parent of the consequences of not making adequate progress.
- .72 Make reasonable efforts to reach the teen parent (and the head of the AU, if appropriate) who is in danger of continuing to fail in school or to not attend school.
- .73 Make reasonable efforts to secure a face-to-face meeting with the teen parent.
- .74 For the purposes of this section, performance of any one of the following shall constitute reasonable efforts:
 - .741 A telephone call to the teen parent;
 - .742 Personal contact with the teen parent;
 - .743 Written notification with an appointment date shall constitute reasonable efforts if the case manager does not have contact with the teen parent by telephone or by an attempt to have personal contact.
- .75 Make a good cause determination as specified under Section 42-768.2 and .3 when a teen parent requests a good cause determination.
- .76 Document in the case file all efforts made to reach the teen parent and arrange a face-to-face meeting under Sections 42-766.72 and .73.

.8 Teen Parent Graduates from High School

The case manager shall receive documentation submitted indicating graduation from high school or its equivalent.

- .81 When graduation is verified with the school the case manager shall initiate the \$500 bonus under Section 42-769.1.
 - .811 The case manager shall initiate the bonus as soon as administratively possible, but not more than five working days from the date the case manager received the graduation documentation from the teen parent.

42-767 CAL-LEARN COUNTY PLAN

.1 County Plan

CWDs shall submit a Cal-Learn County Plan as part of the GAIN County Plan under Section 42-720. The Cal-Learn County Plan shall include the following:

.11 Networking

A description of services in the county currently available to teens, including:

- .111 Identification of education and supportive services available to pregnant and custodial teen parents.
- .112 The extent to which the programs providing these services are currently serving AFDC recipients.
- .113 The resources that these programs may make available to Cal-Learn teen parents.
- .114 The linkages that the CWD has established and/or plans to establish with these programs.

.12 Case Management Provision

A description of the method of providing the case management services as described in Section 42-766 and the agency or organization that shall administer these services.

- .121 When all or part of the case management services are to be provided by the CWD or by an agency which is not administering AFLP, the plan shall contain the following:
 - (a) Justification that one of the conditions specified in Section 42-766.132 is met;
 - (b) Verification that the services have been designed in conjunction with the local county health agency;
 - (c) Case management protocols which describe the delivery of services for the AFLP Program Standards pursuant to guidelines published by CDHS;
 - (d) A listing of network service providers for which linkage agreements have been established; and
 - (e) A description of agencies organizing and participating in the network, network meeting plans, and meeting purpose.



.13 A Cal-Learn Program budget proposal shall be submitted in a format provided by CDSS and consistent with CDSS's allowable expenditure level quidelines.

.14 Caseload Description

- .141 An estimate of the annual Cal-Learn caseload.
- .142 A description of the method by which the caseload shall be identified and notified of the requirements to participate in Cal-Learn. This shall include:
 - (a) The schedule by which recipients of AFDC who shall be required to participate in Cal-Learn shall be phased into the CWD's program.
 - (b) The initial CWD plan implementing Cal-Learn shall describe the process by which the CWD shall bring existing recipients of AFDC into Cal-Learn.

.2 Coordination With AFLP

A CWD shall coordinate with the AFLP provider in the county as part of the CWD's planning process.

- .21 If there are no AFLPs in the county, the CWD may either:
 - .211 Coordinate with the local county health agency; or
 - .212 Coordinate with an AFLP provider in an adjoining county.
- .22 The plan shall contain a description of the CWD's coordination with AFLP.

.3 Plan Submittal

CWDs shall submit the initial Cal-Learn County Plan for CDSs review and approval no later than November 30, 1994.

4 Plan Review

CDSS shall approve or deny the Cal-Learn County Plan no more than 60 days from the time the plan is submitted to CDSS.

Any Cal-Learn County Plan which proposes to contract case management services with an agency other than an AFLP, or which proposes to offer case management services through the CWD, shall have the case management services section described in Sections 42-767.11 and .121(c), (d) and (e), reviewed and approved by the California Department of Health Services (CDHS). CDSS shall submit the plan to CDHS for review.



.5 Effective Date

The Cal-Learn Program shall become operative in a county on the date the plan is approved by CDSS or the date specified in the Cal-Learn County Plan, whichever is later.



42-768 CAL-LEARN GOOD CAUSE DETERMINATION

.1 Good Cause Request

Teen parents may request a good cause determination to the case manager regarding failure to demonstrate adequate progress.

.11 A teen parent may request this determination prior to the turning in of a report card or during the 10-day reasonable effort period under Section 42-766.7.

.2 Good Cause Review

The case manager shall make a good cause determination when a teen parent requests such a review.

- .21 When a teen parent had a break in participation under Section 42-766.334(d)(1) during the report card period, the good cause review shall include the impact the break had on the teen parent's ability to make adequate progress.
- .22 The case manager shall issue a notice to the teen parent and the head of the AU containing the good cause determination no later than 15 working days after a good cause determination was requested.
- .23 When the case manager is not a CWD employee, the case manager shall review the events on which the teen parent based the request and provide a recommendation with substantiating documentation to the CWD.
 - .231 The CWD shall review the case manager's documentation and recommendation to determine if the teen parent does or does not have good cause.
 - .232 The case manager shall issue a notice to the teen parent and the head of the AU containing the good cause determination after the CWD has made a determination.

.3 Good Cause Criteria

The following shall be reasons for good cause only when the event is beyond the teen parent's control and substantially deprived the teen parent's ability to make adequate progress in school and no home study or other special arrangements can be made with the school.

- (a) The teen parent is temporarily ill or incapacitated.
- (b) The teen parent is required to appear in a court proceeding or is incarcerated.
- (c) Inclement weather or other act of nature precludes the teen parent and other persons similarly situated from traveling to an activity.

DRAFT

- (d) There is a breakdown in transportation arrangements with no ready access to alternate transportation.
- (e) The teen parent refuses to accept major medical services even if the refusal precludes participation in the program.
- (f) Licensed or exempt child care is not reasonably available during the teen parent's hours of school, including commuting time; or child care is needed for a child who meets the criteria of Section 42-750.22, but who does not meet the criteria of Section 42-750.21, and therefore is not eligible for Cal-Learn paid child care.
 - (1) "Reasonably available" child care includes having at least two choices of child care arrangements which do not require either of the following:
 - (A) Adding more than one-half hour one-way to the participant's commuting time; or
 - (B) The child to transfer to a different school.
 - (2) The choices of child care shall meet the requirements specified in Section 42-750.31.
- (g) A breakdown or interruption of child care arrangements occurs.
- (h) Suitable special needs child care is not reasonably available for children with disabilities, chronic illnesses, or other special needs.
- (i) The teen parent meets any of the exemption criteria as specified in Section 42-763.2 or deferral criteria as specified in Section 42-763.3.
- (j) The teen parent is experiencing a family crisis or change of individual or family circumstances, such as any of the following:
 - (1) Death of a spouse, parent, or child.
 - (2) Illness of a spouse or child which requires the teen parent's immediate attention.
- (k) At the discretion of the CWD, any substantial and compelling reasons other than those specified in this section.



42-769 APPLICATION OF BONUSES AND SANCTIONS

.1 Issuing the Bonus

When the CWD receives the appropriate documentation and determines that a bonus is due, the CWD shall issue the bonus as a supplement to the aid payment that was made to the AU in the month in which the bonus was earned by the eligible teen parent.

.11 A bonus is considered to be earned as of the last day of the report card period even though the report card may not be issued until a later date.

HANDBOOK BEGINS HERE

.111 Example: A report card period ends on June 30. The case manager notifies the CWD on July 10 that a bonus is due. The CWD issues a \$100 supplement to the June AFDC payment in August even if the teen parent was discontinued after June 30.

HANDBOOK ENDS HERE

- .12 Upon receipt of documentation and determination that a bonus is due, the CWD shall issue the bonus:
 - .121 No later than the month following receipt of the documentation when the documentation is received by the eleventh calendar day of the month;
 - .122 No later than the second month following receipt of the documentation when the documentation is received after the eleventh calendar day of the month;
 - .123 In the name of the caretaker relative when the bonus is for satisfactory school progress;
 - .124 In the name of the teen parent when the bonus is for graduation from high school or its equivalent;
 - (a) The CWD shall not issue the \$100 bonus for satisfactory school progress when the teen parent will receive a \$500 graduation bonus for the same report card period.
 - .125 Even when the AU has an existing AFDC overpayment. A Cal-Learn bonus shall not be offset by an existing overpayment adjustment.

.2 Applying the Sanction

When the CWD receives the appropriate documentation and determines that a sanction is applicable, the CWD shall process the sanction as soon as administratively practicable as follows:

- .21 Send a timely notice of action to the caretaker relative prior to applying the sanction.
- .22 Apportion the sanction equally over the two consecutive months following the timely notice except where the AU receives a grant of less than \$10 in which case no sanction is applied.

HANDBOOK BEGINS HERE

.221 Example:

A teen parent fails to achieve adequate grades and her case manager notifies the CWD on July 10 that a sanction is due. In August the teen parent's AU is eligible for a grant of \$8. No sanction can be applied in August. In September the AU is eligible for a grant of \$58. The CWD applies the apportioned \$50 sanction amount and the AU receives a grant of \$8.

HANDBOOK ENDS HERE

when the grant amount, prior to application of the sanction, is less than the amount of the apportioned sanction, the grant amount shall be zero. No remainder of the apportioned sanction shall be applied to subsequent months. In these cases the family shall be considered AFDC recipients for all other purposes including eligibility for Medi-Cal.

HANDBOOK BEGINS HERE

.231 Example:

In February an AU is eligible for a grant of \$35. The teen parent's apportioned sanction amount is \$50. Since the grant amount is less than the apportioned sanction amount, the grant will be zero. In March the AU is eligible for a grant of \$75. The CWD will apply the second apportioned sanction amount (\$50) and issue a grant of \$25. No remainder of the first month's apportioned sanction is applied to the second month's aid payment.

HANDBOOK ENDS HERE

- .24 Adjust the grant for an underpayment or an overpayment prior to applying the apportioned sanction amount.
- .25 Apply one apportioned sanctioned amount for each teen parent per month when there are multiple sanctioned teen parents in the AU.

HANDBOOK BEGINS HERE

.251 Example:

An AU contains two teen parents. They both fail to achieve adequate grades for the report card period ending in June. The case manager notifies the CWD on July 10 that each is due a sanction. The CWD will apply a \$100 sanction in August (\$50 for each teen parent) and a \$100 sanction in September (\$50 for each teen parent).



.26 Apply overlapping sanctions for individual teen parents consecutively.

HANDBOOK BEGINS HERE

.261 Example:

A teen parent fails to achieve adequate grades for the report card period ending in June. The case manager is not appraised of this situation until October 1 and notifies the CWD that a sanction is due on October 5. On October 10 the case manager notifies the CWD that the same teen parent is due a sanction for the report card period ending in September. The CWD applies a \$50 sanction in November, December, January, and February.

HANDBOOK ENDS HERE

.3 Change in AU

The sanction shall follow the teen parent and be applied to the AU in which the teen parent is a member at the time the sanction is applied.

HANDBOOK BEGINS HERE

.31 Example:

A teen parent moves out of his/her mother's home and establishes an AU of his/her own. The teen parent is discontinued from the mother's AU at the end of June and is eligible in the new AU effective July 1. On July 10 the CWD determines that a sanction is due for the report card period ending June 30. The CWD applies the sanction to the new AU in the months of August and September.

HANDBOOK ENDS HERE

.4 Treatment of Bonuses and Sanctions in Other Calculations

The CWD shall not include a Cal-Learn bonus or sanction in the calculation of an overpayment adjustment, a homeless assistance payment, or a reduced income supplement payment.



82-836 FEDERAL AFDC PROGRAM FOR PREGNANT WOMEN

.1 (Continued)

HANDBOOK BEGINS HERE

- .15 See Section 42-762.7 regarding federal eligibility during the first and second trimesters for pregnant Cal-Learn participants with no other eligible children.
- .2 (Continued)

HANDBOOK ENDS HERE

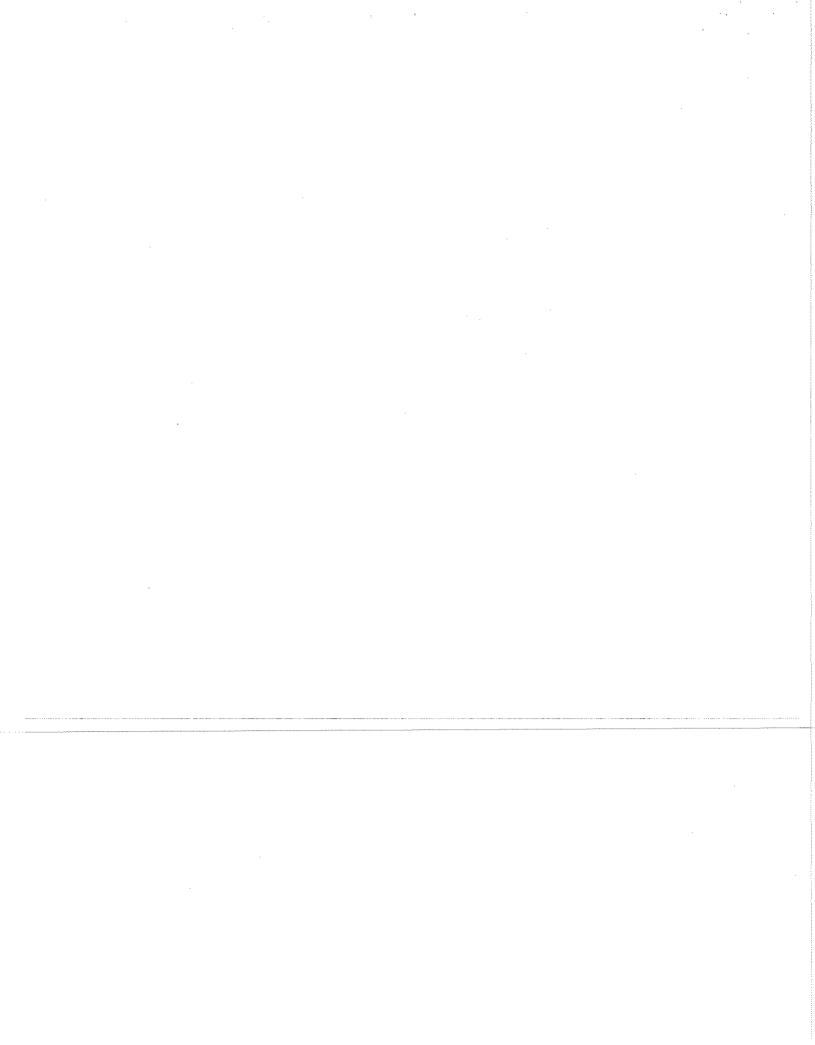
CAL-LEARN PROGRAM

NOTICE OF ACTION (NOA) MESSAGE DOCUMENTS

These NOA message documents are to be used specifically for the Cal-Learn Program. They are to be used to inform Cal-Learn participants of the action(s) being taken by the county. Counties must use the language contained in the "message" portion in NOAs to individual clients.

The headings and "instructions" portions of the NOA message documents contain information for county and case manager use. Heading and instructional language for CDSS and counties should not be printed on the NOAs to Cal-Learn participants.

1.	M42-750B(CL) (12/93)	Approve Child Care
2.	M42-750C(CL) (12/93)	Change Child Care
3.	M42-750D(CL) (12/93)	Deny Child Care Payment/ Increase
4.	M42-750E(CL) (12/93)	Discontinue Child Care /Transportation
5.	M42-750F(CL) (12/93)	Approve Transportation
6.	M42-750G(CL) (12/93)	Change Transportation
7.	M42-750H(CL) (12/93)	Deny Transportation Payment/ Increase
8.	M42-750J(CL) (12/93)	Approve Ancillary Expenses
9.	M42-750K(CL) (12/93)	Deny Ancillary Expenses
10.	M42-750L(CL) (12/93)	Payment Adjustment Child Care/Transportation
11.	M42-7500(CL) (12/93)	Extension of Child Care/ Transportation
12.	M42-750P(CL) (12/93)	Reduce Child Care/ Transportation Payment/ Increase
13.	M42-750Q(CL) (12/93)	Overpayment of Child Care
	2	/Transportation/Ancillary; Payment Limit No Change
14.	M42-762.4(CL) (1/94)	Control Group Notice
15.	M42-766.67(CL) (1/94)	Ineligible for Cal-Learn
16.	M42-769(CL) (12/93)	Inform AU of Cal-Learn Status



Auto ID No. : Flow Chart No. : Source : C		Reason : Child Car Title: Approve Child Care Form No. : NA802 Effective Date : 03/01/94 Revision Date :	
-	12-750.1, 42-750.2	, 42-760.3, 42-750.6	
MESSAGE: As of			
	proved your Cal-Le	arn child care. The most we wi	ll pā
		for the days you are attending	your
Your child care pa	yment is figured	on this notice.	
Child care payment you [] Advanced t		d to your provider [] Paid back	to
		is less than 30 days, you will when your payments end.	not
		CHILD CARE PROVIDERS EXCEPT IN A	
You can also call is wrong.	your Cal-Learn ca	se manager if you think this no	tice
Child(ren): Child care for chi	ldren not listed	here stays the same.	
	s [] days [] we	eks [] month	
Provider name:			
INSTRUCTIONS:			
Use this NOA to ap	prove child care	payments for Cal-Learn participa	ants

On the "As of ___," line enter the effective date and complete the ending date. Fill in the amount to be paid and when (e.g., month, week, day).

Manual Msg. No.: M42-750B(CL)

: Approve

Action

State of California Department of Social Services

Fill in the teen parent's approved activity.

Check the appropriate box for the child care payment method. If a two-party check is used, check the applicable box as well as the "Other" box. In the space provided, specify that it is a two-party check.

When the activity will be less than 30 days, check the last box.

The county may replace the word "US" with a worker's name and phone number in the sentence which starts with "YOU MUST TELL US BEFORE"

Complete applicable computation(s). Repeat the computation as many times as needed if different rates are being provided. The County may use an alternate calculation when the standard computation does not explain how the payment limit was figured.

State of California Department of Social Services	Manual Msg. No.: M42-750C(CL)) Action : Change Reason: Child Care
Auto ID No. : Flow Chart No. : Source : GAIN Regulation Cite: 42-750.1, 42-750.2, 42-	Title: Change Child Care Form No. : NA801/803 Effective Date : 03/01/94 Revision Date :
MESSAGE:	
As of until	*
[] The county has changed the payment 1 care from \$ to \$	
[] The county has changed your payment to	
[] Your child care provider has changed has been paid through Payment for starts as	•
The county will only pay child care for approved Cal-Learn activity:	
Here's why:	·
[] Your child care rate changed.	
[] Your child care hours changed.	
[] You asked for this change.	
[] Other:	
Your new child care payment limit is figure	ured on this notice.
[] Because your approved Cal-Learn activated will not get another notice telling	
YOU MUST TELL US BEFORE YOU CHANGE CHILD EMERGENCY. WE MAY NOT BE ABLE TO APPROVE	
You can also call your Cal-Learn case man	nager if you think this notice
Child(ren):Child care for children not listed here s	stays the same.
<pre>\$ rate x []hours []days []weeks []mo = \$ per month</pre>	onth
Provider name:	

The rate is what your child care provider charges or the most we can pay based on your area's child care costs, whichever is less.

INSTRUCTIONS:

Use this NOA to: (1) change child care payment maximum or payment method to the currently approved child care provider; or (2) approve child care payments when the Cal-Learn teen parent requests a new provider and the new provider meets regulatory approved criteria; or (3) remove a child from payment. If only child is being removed, use M42-750E(CL).

When the change is an increase, on the "As of ____ " line, enter the date the change was approved. Enter that date and the ending date.

When the change is a decrease, the authorization date on the "As of__" line must allow for the 10-day timely notice period. When there is a decrease, the NOA must be timely.

Check appropriate box(es) and fill in spaces.

Check the first box when there is a change in the maximum.

Check the second box when their is a change in the method of payment (e.g., provider payments instead of advance payments directly to the teen parent).

Fill in the teen parent's approved activity.

Check the third box, when there is a change in providers.

Under "Here's why," check the appropriate reason box. When you check the "Other" box, specify the reason for the action.

When the activity will be less than 30 days, check the last box.

Complete a separate computation for each child who had a change in child care. The county does not have to complete a calculation for payments that are not changing.

Repeat the computation if different rates are being provided. The county may use an alternate calculation when the standard computation does not explain how the payment limit was figured.

The county may replace the word "US" with a worker's name and phone number in the sentence which starts with "YOU MUST TELL US BEFORE...."

	te of California partment of Social Services	Manual Msg. No.: M42-75 Action : Denial Reason : Child Title: Deny Child Care	Care
Flo Sou	o ID No. : www Chart No. : arce : GAIN gulation Cite: 42-750.1, 42-750.2, 42-	Form No. : NA802 Effective Date : 03/01/ Revision Date :	
MES	SAGE:		
As	of:		
[]	Payment for your Cal-Learn child care denied.	e with	is
[]	Your request to raise your Cal-Learn	child care payments is	denied.
Her	e's why:		
[]	You are not in an approved Cal-Learn	activity.	
[]	You are already getting the most the area's child care costs.	county can pay based on	your
[]	The Cal-Learn child care you asked for approved Cal-Learn activity:	or is not needed to atte	nd your
[]	Your child is not in is not receiving federal foster care,	your AFDC assistance un or SSI/SSP payments.	it and
[]	The child care provider you wanted mu have one.	ast have a license but d	oes not
[]	The child care provider is not 18 year	ars of age or older.	
[]	The child care provider is your child member of your AFDC assistance unit.	l's parent, legal guardi	an or a
[]	You have not provided us records that has a physical or mental condition the		
[,]	Other:		
You wron	can call your Cal-Learn case manager	if you think this notic	e is

INSTRUCTIONS:

Use this NOA to deny child care payments for Cal-Learn teen parents.

On the "As of $_$ " line, enter the date the determination was made. If you check first box, enter name of child care provider in space provided.

Under the "here's why" section, check appropriate box(es) and complete all other applicable information. When checking the "Other" box,

specify the reason for the action. If the forth box is checked, you must also determine if the teen parent continues to be eligible to participate in Cal-Learn. If the teen parent's child is no longer in the teen parent's AU, the teen parent may not be eligible to participate in Cal-Learn and NOAs M42-766.67 and M42-750E must also be issued.

State of California Manual E.g. No.: M42-750E(CL) Department of Social Services Action : Disc. Reason: Support Services Title: Discontinue Child Care/ Transportation Auto ID No. Form No. NA802 Flow Chart No. : Effective Date : 03/01/94 Source : GAIN Revision Date : Regulation Cite: 42-750.1, 42-750.2, 42-750.3, 42-750.4 MESSAGE: As of _____: [] Payment of your Cal-Learn child care will stop. [] Payment of your Cal-Learn transportation will stop. Here's why: [] You are no longer a Cal-Learn participant. You moved out of this county. [] You went off cash aid. Your child is no longer in your AFDC assistant [] unit. Your child(ren) no longer need(s) child care. [] Your child care provider is your child's parent, legal quardian or a member of your AFDC assistance unit. [] Other: You can also call your Cal-Learn case manager if you think this notice is wrong. INSTRUCTIONS:

Use this NOA to discontinue child care for Cal-Learn teen parents. On the "As of ____ " line, enter the effective date of the action. Check appropriate box.

Under "Here's why," check the appropriate box(es) and complete all other applicable information. You must also determine if the teen parent continues to be eligible to participate in the Cal-Learn Program. If the teen parent is no longer eligible, issue NOA M42-766.67 with M42-750E.

This NOA must be timely.

When checking the "Other" box, specify the reason for the action.

Department of Social Services	Manual Ms. No.: M42-750F(CL) Action : Approve Reason : Transportation Title: Approve Transportation
Auto ID No. : Flow Chart No. : Source : GAIN Regulation Cite: 42-750.1, 42-750.	Form No. : NA802 Effective Date : 03/01/94 Revision Date :
MESSAGE:	
As of until	• · · · · · · · · · · · · · · · · · · ·
	al-Learn transportation. The most we l of miles per
[] The county has approved \$transportation rates.	per based on public
[] The county will provide you wi	th Cal-Learn transportation.
Here's why:	
The county will only pay for trans	portation while you are going to your
Your transportation payment limit	is figured on this notice.
Mileage can be paid only if there	is no public transportation available
Mileage can be paid only if there or it cost the same or less than proceed transportation is available when it to get you from your home to your cannot count time to go to and from it you drive your care even though you will be paid at the public transport.	is no public transportation available ublic transportation. Public t takes two hours or less round trip Cal-Learn assignment on time. You m your child's school or child care. public transportation is available,
Mileage can be paid only if there or it cost the same or less than proceed transportation is available when it to get you from your home to your cannot count time to go to and from it you drive your care even though you will be paid at the public transportation payments will	is no public transportation available ublic transportation. Public t takes two hours or less round trip Cal-Learn assignment on time. You m your child's school or child care. public transportation is available, nsportation rate or the mileage rate, be [] Advanced to you [] Paid back to
Mileage can be paid only if there or it cost the same or less than programment to get you from your home to your cannot count time to go to and from iI you drive your care even though you will be paid at the public transmit whichever is lower. Your transportation payments will you [] Paid to your transportation [] Because your Cal-Learn assignments of the paid to your transportation is seen the paid to your transportation in the paid to your transportation is seen the paid to your transportation in the paid to your transportation is seen the paid to your transportation in the paid to your transportation is seen the paid to your transportation is seen the paid to your transportation is a paid to your transportation is a paid to your transportation is available when it is a paid to your transportation is available when it is a paid to your transportation is available when it is a paid to your transportation is	is no public transportation available ublic transportation. Public t takes two hours or less round trip Cal-Learn assignment on time. You m your child's school or child care. public transportation is available, nsportation rate or the mileage rate, be [] Advanced to you [] Paid back to provider [] Other:
Mileage can be paid only if there or it cost the same or less than programment to get you from your home to your cannot count time to go to and from iI you drive your care even though you will be paid at the public transmitchever is lower. Your transportation payments will you [] Paid to your transportation [] Because your Cal-Learn assignment will not get another notice to your MUST TELL US BEFORE YOU CHANGE EXCEPT IN AN EMERGENCY OR WE MAY NOTICE TO SET TO	is no public transportation available ublic transportation. Public t takes two hours or less round trip Cal-Learn assignment on time. You m your child's school or child care. public transportation is available, nsportation rate or the mileage rate, be [] Advanced to you [] Paid back to provider [] Other: ent activity is less than 30 days, you ling you when your payments end. YOUR TRANSPORTATION ARRANGEMENTS
Mileage can be paid only if there or it cost the same or less than programment to get you from your home to your cannot count time to go to and from iI you drive your care even though you will be paid at the public transport whichever is lower. Your transportation payments will you [] Paid to your transportation [] Because your Cal-Learn assignment will not get another notice to your MUST TELL US BEFORE YOU CHANGE EXCEPT IN AN EMERGENCY OR WE MAY NOT NEW ARRANGEMENTS.	is no public transportation available ublic transportation. Public t takes two hours or less round trip Cal-Learn assignment on time. You m your child's school or child care. public transportation is available, nsportation rate or the mileage rate, be [] Advanced to you [] Paid back to provider [] Other: ent activity is less than 30 days, you ling you when your payments end. YOUR TRANSPORTATION ARRANGEMENTS
Mileage can be paid only if there or it cost the same or less than programment to get you from your home to your cannot count time to go to and from iI you drive your care even though you will be paid at the public transportation payments will you [] Paid to your transportation [] Because your Cal-Learn assignment will not get another notice to your MUST TELL US BEFORE YOU CHANGE EXCEPT IN AN EMERGENCY OR WE MAY NOT NEW ARRANGEMENTS. You can also call your Cal-Learn controls the same and the	is no public transportation available ublic transportation. Public t takes two hours or less round trip Cal-Learn assignment on time. You m your child's school or child care. public transportation is available, nsportation rate or the mileage rate, be [] Advanced to you [] Paid back to provider [] Other: ent activity is less than 30 days, you ling you when your payments end. YOUR TRANSPORTATION ARRANGEMENTS OT BE ABLE TO APPROVE AND PAY FOR THE

[] Your ca	r' mileag	e		
\$ X = \$	rate per miles	raine en e		
[] parking				
\$	[] month	[] school	term []	other:

INSTRUCTIONS:

Use this NOA to approve transportation for Cal-Learn teen parents. On the "As of ___ " line, enter the effective date of the action and the ending date. Check the appropriate box(es) and complete all other applicable information.

Under the Here's why" section, check the appropriate box(es) and complete all other applicable information. When checking the "Other" box, specify the reason for the action. When there will be a two-party check, check the other box and state the payemnt will be made with a two-party check.

This NOA must be timely.

When the activity will be less than 30 days, check the last box.

Complete the computation as many times as needed.

State of California Manual Asq. No.: M42-750G(CL) Action Reason Department of Social Services Change : Transportation Title: Change Transportation Form No. : NA802 Auto ID No. 03/01/94 Flow Chart No. : Effective Date : Source : GAIN Revision Date : Regulation Cite: 42-750.1, 42-750.4, 42-750.6 MESSAGE: As of until . [] The county has approved your Cal-Learn transportation. The most we can pay is \$ for a total of miles per . [] The county has approved \$ per based on public transportation rates. The county has changed your bus tickets from ____ to ____ per [] The county has changed your payment method from to Here's why: [] Your mileage rate changed. [] Your mileage changed. 11 The public transportation rate changed.

[] Public transportation is available which takes less than one hour to get you to your approved Cal-Learn activity on time.

[] Other:

Your transportation payment limit is figured on this notice.

Mileage can be paid only if there is no public transportation available, or it cost the same or less than public transportation. Public transportation is available when it takes two hours or less round trip to get you from your home to your Cal-Learn assignment on time. You cannot count time to go to and from your child's school or child care. If you drive your care even though public transportation is available, you will be paid at the public transportation rate or the mileage rate, whichever is lower.

Your transportation payments will be [] Advanced to you [] Paid back to you [] Paid to your transportation provider [] Other:

[] Because your Cal-Learn assignment activity is less than 30 days, you will not get another notice telling you when your payments end.

YOU MUST TELL US BEFORE YOU CHANGE YOUR TRANSPORTATION ARRANGEMENTS EXCEPT IN AN EMERGENCY OR WE MAY NOT BE ABLE TO APPROVE AND PAY FOR THE NEW ARRANGEMENTS.

You can also call your Cal-Learn case manager if you think this notice is wrong.

[] Public transportation
x rate x per
[] Your car's mileage
<pre>rate x</pre>
[] Parking
<pre>\$ [] month [] school term [] other:</pre>
INSTRUCTIONS:
Use this NOA to change Cal-Learn transportation payment maximums, number of bus passes, payment method or change in method of transportation for Cal-Learn teen parents. On the "As of " line, enter the effective date of the action and the ending date.
When the change is an increase, the effective date is the date the change was approved.
When the change is a decrease and the decrease is initiated by the County, the authorization date must allow for the 10-day timely notice period. Enter that effective date on the "As of " line and

When the change is a decrease and is initiated by the client or the provider, the authorization date must be calculated after the county learns about the teen parent's or the provider's action. The county's effective date must allow for the 10-day timely notice period. This NOA must also be timely.

include the ending date. When there is a decrease, the NOA must be

Check the appropriate box(es) and complete all other applicable information.

When checking the "Other" box, specify the reason for the action.

This NOA must be timely.

Complete the formula computation as needed to show applicable rate.

The NA CL BACK (1/94), Cal-Learn Hearing Rights, must be provided with this notice.

Auto ID No. : Flow Chart No. : Source : GAIN Regulation Cite: 42-750.1, 42-750.4	Reason : Transportation Title: Deny Transportation Form No. : NA802 Effective Date : 03/01/94 Revision Date :
MESSAGE:	
As of:	
The Cal-Learn transportation: [] payment denied.	nt [] increase you asked for is
Here's why:	
[] Your are already getting as much as	the county can pay because:
[] the maximum mileage rate is \$	per
[] public transportation is availa	able.
[] Cal-Learn transportation is ava	ilable.
[] You are not in an approved Cal-Lear	n assignment.
[] The transportation you asked for is approved Cal-Learn activity.	not needed to go to your
[] Other:	
You can also call your Cal-Learn case mis wrong.	nanager if you think this notice
INSTRUCTIONS:	
Use this NOA to deny Cal-Learn transporthe "As of" line, enter the effect	
Under the "Here's why" section, check to complete all other applicable informations.	
When checking the "Other" box, specify	the reason for the action.

The NA CL BACK (1/94), CAL-LEARN HEARING RIGHTS, must be provided with

Manual Ms

Action

No.: M42-750H(CL)

: Deny

State of California

this notice.

Department of Social Services

Department of Social Services Rea Tit Auto ID No.: For Flow Chart No.: Source : GAIN Rev Regulation Cite: 42-750.1, 42-750.5, 42-75 MESSAGE: As of, the county has appose of the following items needed for your appose item Cost It S	con son e: Approve Expense n No. ective Date sion Date 0.6 coved your coved Cal-L	: Ancillary Ancillary : : NA802 : 03/01/94 :
Flow Chart No.: Eff Source : GAIN Rev Regulation Cite: 42-750.1, 42-750.5, 42-75 MESSAGE: As of, the county has app of the following items needed for your app Item Cost It	n No. ective Date sion Date).6 coved your coved Cal-L	: NA802 : 03/01/94 : request for paymentearn activity:
As of of the following items needed for your approved the following items needed for your approved to the store [] Paid to the school [] Other Item Item Item Tot Your payments will be: [] advanced to you to the store [] Paid to the school [] Other Item	coved Cal-L	earn activity:
Item Cost It S Tot Your payments will be: [] advanced to you to the store [] Paid to the school [] Other Item Item Item	coved Cal-L	earn activity:
Your payments will be: [] advanced to you to the store [] Paid to the school [] Other [] The following items you asked for were Item		Cost
Your payments will be: [] advanced to you to the store [] Paid to the school [] Other [] The following items you asked for were store the store that the school is stored to the school is stored to the school is school in the school is stored to the school is school in the school in the school in the school is school in the	\$	
Your payments will be: [] advanced to you to the store [] Paid to the school [] Other [] The following items you asked for were stem		
Your payments will be: [] advanced to you to the store [] Paid to the school [] Other [] The following items you asked for were stem		
Your payments will be: [] advanced to you to the store [] Paid to the school [] Other [] The following items you asked for were stem		
Your payments will be: [] advanced to you to the store [] Paid to the school [] Other [] The following items you asked for were stem		
Your payments will be: [] advanced to you to the store [] Paid to the school [] Other [] The following items you asked for were stem		
Your payments will be: [] advanced to you to the store [] Paid to the school [] Other [] The following items you asked for were stem		
to the store [] Paid to the school [] Other [] The following items you asked for were Item	al \$	
Item	r:	
,		ed for payment.
	Item	
	AND THE STREET	
Here's why:		
[] The cost is not necessary because:		
[] You do not needbecause:		
[] Other:		1000
You can call your Cal-Learn case manager		

INSTRUCTIONS:

Use this NOA to approve Call-Learn ancillary payments and to include any ancillary items which were not approved.

On the "As of ____ " line, enter the authorization date. Also list the items approved and the costs for each item. Check the method of payment. List the items disapproved if any.

Under the "Here's why" section, check the first box when the item can be purchased for less and specify what the alternative item and cost. Check the second box if the item requested is not needed for the Callearn activity and specify the reason the item is not necessary. When checking the "Other" box, specify the reason for denial. Use the "Other" box when the teen parent is attending a vocational program and asked for the payment of ancillary items the teen parent needs to attend the vocational program.

Department of Social Services	Action : Deny Reason : Ancillary Title: Deny Ancillary Expenses
Auto ID No. : Flow Chart No. :	Form No. : NA802 Effective Date : 03/01/94
Source : GAIN	Revision Date :
Regulation Cite: 42-750.1, 42-750.4	
MESSAGE:	
As of, the county has of the following items needed for your	denied your request for payment approved Cal-Learn activity:
Item	Item
Hanala ubvi	
Here's why:	
[] You are not in an approved Cal-Lea	rn activity.
[] The cost is not necessary because:	
	•
[] You do not need these items for yo	our Cal-Learn activity:
•	
[] Other:	
You can call your Cal-Learn worker if	you think this notice is wrong.

State of California

INSTRUCTIONS:

Manual Msy. No.: M42-750K(CL)

Use this NOA to deny Cal-Learn ancillary payments. On the "As of ___" line, enter the date the determination was made. List the items denied.

Under the "Here's why" section, check the first box when the teen parent is not in an approved Cal-Learn activity. Check the second box when the cost is not necessary. Check the third box when the item is not needed for the teen parent to attend his/her Cal-Learn activity. When checking the "Other" box, specify the reason for the denial.

Manual Msg. No.: M42-750L(CL) State of California Action : Adjustment
Reason : Supportive Svcs Department of Social Services Reason Title: Adjust Child Care/ Transportation Form No. : NA802 Auto ID No. Effective Date: 03/01/94 Flow Chart No. : Revision Date : Source : GAIN Regulation Cite: 42-750.1, 42-750.2, 42-750.3, 42-750.4, 42-750.6 MESSAGE: your Cal-Learn [] child care [] transportation is \$_____. This amount is less than what you As of for asked for. Here's why: You did not attend your approved Cal-Learn activity on all the [] days [] hours you asked for Cal-Learn payments. You asked for payment for child care hours, but we can only pay for child care hours because: _____ [] You asked for ____ miles, but we can only pay for _____ miles because: [] Other: Your [] child care payment [] transportation payment limit is figured on this notice. Mileage can be paid only if there is no public transportation available, or it cost the same or less than public transportation. Public transportation is available when it takes two hours or less round trip to get you from your home to your Cal-Learn assignment on time. You cannot count time to go to and from your child's school or child care. iI you drive your care even though public transportation is available,

Your [] child care [] transportation payments will be [] Advanced to you [] Paid back to you [] Paid to your child care or transportation provider [] Other:

you will be paid at the public transportation rate or the mileage rate,

whichever is lower.

YOU MUST TELL US BEFORE YOU CHANGE YOUR CHILD CARE OR TRANSPORTATION ARRANGEMENTS EXCEPT IN AN EMERGENCY OR WE MAY NOT BE ABLE TO APPROVE AND PAY FOR THE NEW ARRANGEMENTS.

You can also call your Cal-Learn worker if you think this notice is wrong.

CHILD CARE:	
Child(ren): Child care for children not listed here stays the same.	
<pre>\$ rate X [] hours [] days [] weeks [] month = \$ per</pre>	
The rate is what your child care provider charges or the most the count can pay based on your area's child care costs, whichever is less.	У
TRANSPORTATION:	
[] Public transportation	
\$ rate X per = \$	
[] your car's mileage	
\$	
[] parking	
\$ [] month [] school term [] other	
INSTRUCTIONS:	
Use this NOA to when the amount paid for regular, approved Cal-Learn child care and/or transportation is less than the amount claimed, but within the authorized maximum. Use also to notify teen parents when	

child care and/or transportation is less than the amount claimed, but within the authorized maximum. Use also to notify teen parents when payments made to temporary providers are less than the amount claimed. This NOA is sent at the same time as the payment.

On the "As of _____ " line, enter the date the determination was made. Enter the teen parent's child name or activity and the amount.

Under the "Here's why" section, check the appropriate box(es) and complete all other applicable information. When checking the "Other" box, specify the reason for the adjustment.

This NOA must be timely in accordance with MPP Section 22-022.

CHILD CARE:

Complete a separate computation for every child as needed. Repeat the formula as needed to show what is being paid.

TRANSPORTATION:

Check the appropriate box for the method of transportation and complete the appropriate calculation.

Check the appropriate box for payment method. If a two-party check is used, check the applicable box and "Other" box. For the "Other" box, specify that it is a two party check.

The NA CL BACK (1/94), Cal-Learn Hearing Rights, must be provided with this notice.

State of California Department of Social Services

Manual msg. No.: M42-7500(CL)

Action : Approve Reason: Supportive Services Title: Extension Child Care/

Transportation

Auto ID No. : Flow Chart No. :

Form No. : NA802 Effective Date : 03/01/94

Source : GAIN Revision Date : Regulation Cite: 42-750.1, 42-750.2, 42-750.3, 42-750.4

MES	SSAGE:		
Aς	of		

[] Your Cal-Learn child care has been extended until
--

[] Your Cal-Learn transportation has been extended until _____.

Nothing about your approved supportive services has changed except the date your payment ends.

[] Because the extension is less than 30 days, this is the only notice you will get telling you about the extension.

Here's why:

[]	Your	bevorggs	Cal-Learn	assignment	is	continuin
1 3	2041	approvuu	Car noars	GOOLGINGIC	T 10	CORCAMAL

- [] We are paying for your child care space so that it will be there when the next school semester starts.
- [] Other:

INSTRUCTIONS:

Use this NOA to approve Cal-Learn transportation when a teen parent is continuing in school and the teen parent needs to retain the transportation.

Use this NOA to extend and approve previously approved Cal-Learn child care payments when: (1) the teen parent's next semester will begin within 30 days after the previous semester, and (2) the teen parent wants to reserve the previously approved child care slot so he/she can use the same provider when the new semester begins. Use the M42-750L (Payment Adjustment NOA) for any necessary billing adjustments when you receive a claim for the extension period. When the teen parent's semester begins, use M42-750C (Change Child Care) to make any payment adjustments that may be needed because the new semester requires more or fewer hours of child care. If the teen parent decides to use a different provider, use M42-750C (Change Child Care) to approve new child care payments.

On the "As of ___ " line, enter the effective date. Check the appropriate box and enter the date of the extention. If the extension is less than 30 days, check the third box.

Under the "Here's why" section check the appropriate box(es) and complete all other applicable information. When checking the "Other" box, specify the reason for the action. This NOA must be timely.

State of California Department of Social Services	Manual Msg. No.: M42-750P(CL) Action : Reduce Reason: Supportive Services Title: Reduce Child Care/ Transportation/ Ancillary				
Auto ID No. : Flow Chart No. : Source : GAIN Regulation Cite: 42-750, 42-750.3, 42-	Form No. : NA802 Effective Date : 03/01/94 Revision Date :				
MESSAGE:					
As of, your payment for Cal-Learn: [] child care [] transportation [] educational related expenses will be \$ This is less than what you asked.					
Here's why:					
You have to pay us back any money we advance to you that you do not use to pay for Cal-Learn expenses.					
[] The proof of costs shows that you did not use all of your advance for					
[] You failed to give us proof of costs by the 10th of this month. You must give us					
[] Other:					
Payment for your [] child care [] transportation [] educational related expenses is figured on this notice.					
Call your Cal-Learn worker if this adjusted payment means you will not be able to stay in your Cal-Learn assignment, if you will have to change your child care provider you have now or if you will not be able to attend your Cal-Learn assignment.					
CALL YOUR CAL-LEARN WORKER IF YOU THINK THIS NOTICE IS WRONG. ALSO, YOU MAY ASK FOR A STATE HEARING, "YOUR CAL-LEARN HEARING RIGHTS" FORM TELLS YOU HOW TO ASK FOR A STATE HEARING.					
 CHILD CARE:					
 Your payment of \$ for this mo as follows:	nth will be changed on				
\$ your actual advance payme	nt for				
- your actual costs for tha	t month				
= \$ unused advance					
\$ amount requested					
- unused advance					
= \$adjusted payment					

TRANSPORTATION	1	'RAN	SP	OR'.	rat	TON
----------------	---	------	----	------	-----	-----

this notice.

	r payment follows:	of \$ for this month will be changed on		
;	\$	your actual advance payment for		
-	······································	your actual costs for that month		
= :	\$	unused advance		
:	\$	amount requested		
_		unused advance		
= 5	\$	adjusted payment		
EDU	CATIONAL F	RELATED EXPENSES		
Your as	r payment follows:	of \$ for this month will be changed on		
Ş	\$	your actual advance payment for		
_		your actual costs for that month		
= 5	\$	unused advance		
Ş	\$	amount requested		
****		unused advance		
= 5	\$	adjusted payment		
INSTRUCTIONS:				
or a back	ancillary k any unus	to reduce payment for Cal-Learn child care, transportation expenses and to inform the teen parent that he/she must pay sed portion of an advance payment for supportive services.		
On the "As of" line, enter the effective date. Check the appropriate box(es) and complete all other applicable information.				
$oth \epsilon$	er applica	ere's why" section, check appropriate box and complete all ble information. When checking the "Other" box, specify or the adjustment.		
This NOA must be timely.				
Complete the computations as many times as needed. Enter the amount and the date on the line that says "Your payment of \$"				
The NA CL BACK (1/94), CAL-LEARN HEARING RIGHTS, must be provided with				

	State of California Department of Social Services	Manual Msy. No.: M42-750Q(CL) Action : Overpayment Reason: Supportive Services Title: Overpayment Child Care/ Transportation/ Ancillary
	Auto ID No. : Flow Chart No. : Source : GAIN Regulation Cite: 42-750, 42-750.6, 42-	Form No. : NA802 Effective Date : 03/01/94 Revision Date : -751.
	MESSAGE:	
	As of, your paym [] transportation [] educational relat \$ This amount is less t payment limit has not changed.	ment for Cal-Learn [] child care ced expenses for is than what you asked for. Your
	Here's why:	
		we advance to you that you do not re service expenses. We subtracted ent that was not used for Cal-Learn
	[] We subtracted the amount listed in agreement notice dated	
	[] We subtracted the amount we figure overpayment. We told you about the notice dated	
	[] [] Other:	,
	Your [] child care [] transportation [figured on this notice.	l educational related limit is
	Mileage can be paid only if there is nor it costs the same as or less than petransportation is available when it ta trip for you to get from your home to you cannot count time to go to and fro care. If you drive your car even thou available, you will be paid at the pubmileage rate, whichever is less.	oublic transportation. Public kes no more than two hours round your Cal-Learn activity on time. In your child school or child agh public transportation is
1	Call your Cal-Learn case manager if th not be able to stay in your Cal-Learn will have to change your child care pr	activity, or if it will mean you
	CHILD CARE:	
	[] Your payment of \$ for has been adjusted effective as fol	lows:
	\$ your actual advance paym	ent for

•		your actual costs for that month
:	= \$	unused advance
	\$	amount requested
		unused advance
:	= \$	adjusted payment
•	TRANSPORTATIO	N
ļ		ent of \$ for adjusted effective as follows:
	\$	your actual advance payment for
		your actual costs for that month
-	= \$	unused advance
	\$	amount requested
		unused advance
3	= \$	adjusted payment
1	EDUCATIONAL R	ELATED EXPENSES
!	[] Your paym has been	ent of \$ for adjusted effective as follows:
	\$	your actual advance payment for
	- MANTON MATERIAL TO THE TOTAL	your actual costs for that month
=	= \$ <u> </u>	unused advance
	\$	amount requested
•	- Carrier of the Control of the Cont	unused advance
:	= \$	adjusted payment

INSTRUCTIONS:

THIS CAL-LEARN NOA MUST BE SENT AT THE SAME TIME AS THE CAL-LEARN REDUCE PAYMENT NOA M42-750P.

Use this NOA to: (1) recover an unused portion of an advance payment by adjusting a future supportive services payment after NOA M42-750P has been sent and proof of costs has been received for supportive services; (2) recover a supportive services overpayment by adjusting a

future supportive services payment, either automatically or in accordance with a signed CAL-LEARN REPAYMENT AGREEMENT, CL 6 (1/94) and after the CAL-LEARN OVERPAYMENT NOTICE, CL 5 (1/94) has been sent.

This NOA must be issued each time a payment adjustment is made. This NOA must be timely.

When making payment adjustments, child care overpayments can only be recovered from a future child care payment; transportation or ancillary overpayments can be recovered from future transportation or ancillary payments.

On the "As of ____ " line, enter the effective date. Check the appropriate box(es) and complete all other applicable information.

Under the "Here's why" section, check appropriate box(es) and complete all other applicable information. When checking the "Other" box, specify the reason for the action.

This NOA must be timely in accordance with MPP Section 22-022.

Complete the computations as many times as needed. Enter the amount and the month on the line that says "Your payment of \$"

State of California
Department of Social Services

Manual Msg. No.: M42-762.4(CL)

Action : Inform

Reason : Control Group Title: Inform Control Group

Form No. : NA802 Effective Date : 03/01/94

Revision Date :

Auto ID No. : Flow Chart No. :

Source : GAIN Regulation Cite: 42-762.4

MESSAGE:

As of January 1, 1994, State Law changed the rules for the Greater Avenues for Independence (GAIN) Program by starting the Cal-Learn Program.

Your case has been selected by chance to be part of a group that will not get Cal-Learn services.

Here's why:

The law says we must check to see how new rules work.

In Los Angeles, Alameda, San Joaquin and San Bernardino counties, Cal-Learn teen parents are divided into the following two groups:

- 1. Those that get services under the Cal-Learn Program.
- 2. Those that will not get services under the Cal-Learn Program.

We will gather information from members of these two groups to see how the Cal-Learn Program is working.

If you think this action is wrong, you may ask for a state hearing. The Cal-Learn Hearing Rights form is on the back of this notice.

INSTRUCTION:

Use this NOA to inform teen parents who are eligible to participate in the Cal-Learn Program that they have been selected to be in the control group and will not get Cal-Learn services.

	partment of Social Services Reason Manual Mag. No.: M42-769(CL) Action Reason Reason Manual Mag. No.: M42-769(CL) Reference Manual Mag. No.: M42-769(CL) Reference Manual Mag. No.: M42-769(CL) Reference Manual Mag. No.: M42-769(CL)				
Auto ID No. : Flow Chart No. : Source : GAIN Regulation Cite: 42-769.1, 42-769.2			Title: Inform AU of Cal-Learn Form No. : NA802 Effective Date : 03/01/94 Revision Date :		
MES	SAGE	:			
or ;	you :	tice is being sent to you beca have a Cal-Learn teen parent : bonus or penalty based on repo	ause you are a Cal-Learn participant in your assistance unit that can get ort card grades.		
		nty has figured that for the p your cash aid will not change	report card period of through		
Her	e's i	why:			
[]			received a D grade average.		
[]	Pro	gram until because:	is exempt from the Cal-Learn		
	[]	He/she was expelled from scho	pol.		
	[]	No child care available.			
	[]	No transportation available.			
	[]	He/she is ill, injured or inc	capacitated.		
	[]	No access to child care, tranto lack of program funding.	nsportation or case management due		
[]			is deferred from Cal-Learn until		
		because:			
	[]	No child care temporarily ava	ailable.		
	[]	No transportation temporaril	ly available.		
	[]	No case management temporaril	ly available.		
	[]	Special need resulting from:	•		
	[]	Recovering from the birth of	a baby.		
[]	Other:				
	ou can call your Cal-Learn casse manager if you think this notice is				
INST	rruci	TIONS:			

Use this NOA to inform the caretaker relative and the Cal-learn teen parent that (1) the teen is making adequate progress; (2) the teen

parent was participating int he Cal-Learn Program but is being exempted from the Cal-Learn Program based on the Cal-Learn exemption criteria; or (3) the teen parent was participating in the Cal-Learn Program but is being deferred from receiving a bonus or being subject to sanctions based on the Cal-Learn deferral criteria.

Enter the dates for the period of time that the AFDC grant will not change.

Under the "Here's why" section, check appropriate box(es) and complete other information as needed.

CAL-LEARN PROGRAM

REPRODUCIBLE NOA FORMS

These reproducible NOA forms are to be used by counties in place of the NOA messages.

Refer to the NOA messages for instructions of when and how to complete these camera-ready NOA forms.

1.	M42-750B	(CAL-LEARN)	(12/93)	Approve Child Care
2.	M42-750C	(CAL-LEARN)	(12/93)	Change Child Care
3.	M42-750D	(CAL-LEARN)	(12/93)	Deny Child Care Payment/ Increase
4.	M42-750E	(CAL-LEARN)	(12/93)	Discontinue Child Care/ Transportation
5.	M42-750F	(CAL-LEARN)	(12/93)	Approve Transportation
6.	M42-750G	(CAL-LEARN)	(12/93)	Change Transportation
7.	M42-750H	(CAL-LEARN)	(12/93)	Deny Transportation Payment/Increase
8.	M42-750J	(CAL-LEARN)	(12/93)	Approve Ancillary Expenses
9.	M42-750K	(CAL-LEARN)	(12/93)	Deny Ancillary Expenses
10.	M42-750L	(CAL-LEARN)	(12/93)	Payment Adjustment Child Care/ Transportation
11.	M42-7500	(CAL-LEARN)	(12/93)	Extension of Child Care/Transportation
12.	M42-750P	(CAL-LEARN)	(12/93)	Reduce Child Care/ Transportation Payment/ Increase
13.	M42-750Q	(CAL-LEARN)	(12/93)	Overpayment of Child Care/Transportation/ Ancillary; Payment Limit No Change
14.	M42-762.4	(CAL-LEARN)	(1/94)	Control Group Notice
15.	M42-766.6	7 (CAL-LEARM	N) (1/94)	Ineligible for Cal- Learn
16.	M42-769 (CAL-LEARN) (12/93)	Inform AU of Cal-Learn Status

NOTICE OF ACTION

COUNTY OF

STATE OF CALIFORNIA HEALTH AND WELFARE AGENCY DEPARTMENT OF SOCIAL SERVICES

	Notice Date :
	Case Name :
	Number :
	Worker Name :
	Number :
	Telephone;
	Address :
(ADORESSEE)	
	
1	uestions? Ask your Cal-Learn Case Manager.
	₹5.
	and the same of th
	The state of the s
<u></u>	
	State Hearing: If you think this action is wrong,
	you can ask for a hearing. The back of this page
	tells you how.
As of until:	Child(ren):
The mark w	
The county has approved your Cal-Learn child care. The most w will pay is	/e
will pay isper	X hours days weeks month
Here's why,	
	= \$per
The county will only pay child care for days you are attendin	
your approved Cal-Learn activity:	
Your child care payment limit is figured on this notice.	
	Child(ren): Child care for children not listed here stays the same.
Child care payment will be : 🔲 Paid to your provider 🔲 Pai	id
pack to you Advanced to you Other:	*rate
	x
Because your Cal-Learn activity is less than 30 days, you w	
not get another notice telling you when your payments end.	per
YOU MUST TELL US BEFORE YOU CHANGE CHILD CAR	Provider frame:
PROVIDERS EXCEPT IN AN EMERGENCY OR WE MAY NO	
BE ABLE TO APPROVE AND PAY THE NEW PROVIDER.	
	Child(ren): Child care for children not listed here stays the same.
You can also call your Cal-Learn case manager if you think th	IS CHILD CARE FOR CHILDREN HOT IISTED THE STAYS THE STATE.
notice is wrong.	\$ rate
	X hours days weeks month
and the second of the second o	
	= \$ per
	Provider name:
	The rate is what your child care provider charges or the most we
·	can pay based on your area's child care costs, whichever is less.
** man	
Rules: These rules apply. You may review them at your welfar	е
office: MPP 42-750.1, 42-750.2, 42-750.3, 42-750.6.	

NOTICE OF ACTION

COUNTY OF

STATE OF CALIFORNIA HEALTH AND WELFARE AGENCY DEPARTMENT OF SOCIAL SERVICES

	Notice Date :
	Case Name :
	Number : Worker
	Name :
	Number :
	Address :
(ADDRESSEE)	
!	Questions? Ask your Cal-Learn Case Manager.
	چا ^ر عمر
	S. Carrier
L e	
y promote the second se	Out of the set of the state this potion is wrong.
	State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page
	tells you how.
The state of the s	****
As ofuntil	Child(ren):
The county has changed the payment limit for your Cal-Learn	\$ rate
child care from \$ per to \$ per	X hours days weeks month
	= \$ per
The county has changed your payment method from to	Provider name:
Your child care provider has changed. Your child care at	Provider hame.
has been paid through	
Payment for starts after that date.	Child(ren): Child care for children not listed here stays the same.
	Child care for children not listed here stays the same.
The county will only pay child care for days you are attending your	
approved CAL-LEARN activity:	
	X hours 🗌 days 🗎 weeks 🗎 month
Here's why:	per
☐ Your child care rate changed.	Rroyidechame:
☐ Your child care hours changed.	
☐ You asked for this change.	Child(ren):
Other:	Child care for children not listed here stays the same.
Now a supplied ages a support limit in figured on this notice	\$ rate
Your new child care payment limit is figured on this notice.	X 🗆 hours 🗆 days 🗆 weeks 🗆 month
Because your Cal-Learn activity is less than 30 days, you will not get another notice telling you when your payments end.	= \$ per
YOU MUST TELL US BEFORE YOU CHANGE CHILD CARE	
PROVIDERS EXCEPT IN AN EMERGENCY OR WE MAY NOT	Provider name:
BE ABLE TO APPROVE AND PAY THE NEW PROVIDER.	The rate is what your child care provider charges or the most we
You can also call your Cal-Learn case manager if you think this	can pay based on your area's child care costs, whichever is less.
notice is wrong.	
	
Rules: These rules apply. You may review them at your welfare	
office: MPP 42-750.1, 42-750.2, 42-750.3, 42-750.6.	

COUNTY OF

		Notice Date : Cane Name : Number : Worker Name : Number : Telephone: Address ;		
ADD	RESSEE)			Questions? Ask your Cal-Learn Case Manager.
				State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells you how.
As (Payment for your Cal-Learn child care withis denied. Your request to raise your Cal-Learn child care payment limit is denied.		•	
Her	You are not in an approved Cal-Learn activity. You are already getting the most the county can pay based on your area's child care costs. The Cal-Learn child care you asked for is not needed to attend your approved Cal-Learn activity: Your child is not in your AFDC assistance unit and is not receiving federal foster care, or SSI/SSP payments. The child care provider you wanted must have a license but does not have one.			
]]	The child care provider is not 18 years of age or older. The child care provider is your child's parent, legal guardian,	////		
	or a member of your AFDC assistance unit. You have not provided us records that show your aided child, has a physical or mental condition that requires special care. Other:			
	can also call your Cal-Learn case manager if you think this ce is wrong.			
	es: These rules apply. You may review them at your welfare ee: MPP 42-750.1, 42-750.2, 42-750.3,			

COUNTY OF

	Notice Date : Case	
4	Name :	
	Worker Name	
	Number : _	
	Telephone:	
	Address : _	
	-	, the same of the
(ADDRESSEE)		
		Questions? Ask your Cal-Learn Case Manager.
		Questions? Ask your car-Learn case Manager.
1		
		
		State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page
_		tells you how.
As of:		. •
Payment for your Cal-Learn child care will stop.		
Payment for your Cal-Learn transportation will stop.		
ayinote for your our-count transportation tem cropt	,*	
Here's why:		
☐ You are no longer a Cal-Learn participant.		
☐ You moved out of this county.		
☐ You went off cash aid.		
Your childis no longer in your AFDC assistance unit.		
- Company of the second of the		
Your child (ren) no longer need(a) shild care. Your child care provider is your child's parent, legal guardian,		
or a member of your AFDC assistance unit.		
☐ Other:		
You can also call your Cal-Learn case manager if you think this		
notice is wrong.		
•		
Rules: These rules apply. You may review them at your welfare office: MPP 42-750.1, 42-750.2, 42-750.3, 42-750.4		

COUNTY OF

(ADORESSEE)	Notice Date: Case Name: Number: Worker Name: Telephone: Address: Questions? Ask your Cal-Learn Case Manager.
	State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells you how.
As of intil : The county has approved your Cal-Learn transportation. The most we can pay is \$ for a total of miles per The county has approved \$ per based on public transportation rates. The county has approved bus passes or tickets for a total of per The county will provide you with Cal-Learn transportation. Here's why, The county will only pay for transportation while you are going to your approved Cal-Learn activity Your transportation payment limit is figured on this indice. Mileage can be paid only if there is no public transportation available, or it costs the same or less than public transportation. Public transportation is available when it takes two hours or less round trip to get you from your home to your Cal-Learn assignment on time. You cannot count time to go to and from your child's school or child care. If you drive your car even though public transportation is available, you will be paid at the public transportation rate or the mileage rate, whichever is lower. Your transportation payments will be Advanced to you	public transportation rate X per s your car's mileage rate X. per X per X miles s your car's mileage rate x per x miles s your car's mileage
☐ Paid back to you ☐ Paid to your transportation provider ☐ Other: ☐ Because your Cal-Learn assignment activity is less than 30 days, you will not get another notice telling you when your payments end. YOU MUST TELL US BEFORE YOU CHANGE YOUR TRANSPORTATION ARRANGEMENTS EXCEPT IN AN EMERGENCY OR WE MAY NOT BE ABLE TO APPROVE AND PAY FOR THE NEW ARRANGEMENTS. You can also call your Cal-Learn case manager if you think this notice is wrong. Rules: These rules apply. You may review them at your welfare office: MPP 42-750.1, 42-750.4, 42-750.6.	

COUNTY OF

(ADDRESSEE)	Notice Date :	Questions? Ask your Cal-Learn Case Manager.
		State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells you how.
As of	× = \$	rate per
get you from your home to your Cal-Learn activity on time. You cannot count time to go to and from Your child's school or child care. If you drive your car even though public transportation is available, you will be paid at the public transportation rate or the mileage rate, whichever is lower. Your transportation payments will be: Advanced to you Paid back to you Paid to your transportation provider Other: Because your Cal-Learn activity is less than 30 days, you will not get another notice telling you when your payments end. YOU MUST TELL US BEFORE YOU CHANGE YOUR TRANSPORTATION ARRANGEMENTS EXCEPT IN AN EMERGENCY OR WE MAY NOT BE ABLE TO APPROVE AND PAY FOR THE NEW ARRANGEMENTS. You can also call your Cal-Learn case manager if you think this notice is wrong. Rules: These rules apply. You may review them at your welfare office: MPP 42-750.1, 42-750.4, 42-750.6.		

COUNTY OF

	Notice Date : Case Name : Number : Worker Neme : Number : Telephone: Address : _	
ADDRESSEE)		Questions? Ask your Cal-Learn Case Manager.
		State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells you how.
As of, the county has denied your request for payment of the following items for your approved Cal-Learn activity:		
Item Item		
Here's why: You are not in an approved Cal Learn activity. The cost is not necessary because:		
You do not need these items for your Cal-Learn activity:		
Other: You can also call your Cal-Learn Case Manager if you think this notice is wrong.		
Rules: These rules apply; you may review them at your GAIN		
office: MPP 42-750.1, 42-750.4	1988 1988 1988	

COUNTY OF

	Notice Date :			
	Name :			
	Worker Name :			
	Number :			
	. Telephone:			
	Address :			
(ADDRESSEE)				
		Questions? Ask you	r Cal-Learn Case	Manager.
		State Hearing: If y	ou think this acti	on is wrong,
		you can ask for a h tells you how.	earing. The back	of this page
As of, your payment for Cal-Leam: child care transportation foris	CHILD CARE Child(ren):			
\$ This amount is less than what you asked for.	Child care for	children not listed her	e stays the same.	
Here's why:	\$ X	rate ☐ hours ☐ day	s 🗌 weeks	☐ month
You did not attend your approved Cal-Learn assignment on all	- = \$	per		
the ☐ days ☐ hours you asked for Cal-Leam payments.	↑ Child(ren):			
	Child care for	children not listed he	e stays the same	
You asked for payment for child care hours, but we can only pay for child care hours because:	\$ <u></u>	rate ☐ hours ☐ day	s 🗌 weeks	☐ month
	X = \$	☐ hours ☐ day		<u> </u>
You asked for miles, but we can only pay for miles because:		,		
	Child(ren): Child care for	children not listed he	re stays the same	
Other:	\$			
Your child care payment transportation payment is figured on this notice:	Х	☐ hours ☐ day	s 🗌 weeks	☐ month)
Mileage can be paid only if there is no public transportation available,	= \$	per	···	
or it cost the same or less than public transportation. Public transportation is available when it takes two hours or less round trip to	TRANSPORT			
get you from your home to your Cal-Learn assignment on time. You	public tra	insportation		
cannot count time to go to and from your child's school or child care. If you drive your car even though public transportation is available, you		rate		
will be paid at the public transportation rate or the mileage rate,	х	per		
whichever is lower.	= \$			
Your ☐ child care ☐ transportation payment will be ☐ advanced to you ☐ paid back to you ☐ paid to your	□ your car	s mileage		
childcare/transportation provider		rate		
other:	x	per		
You must tell us before you change your child care or transportation arrangements except in an emergency or we may not be able to	х	miles		
approve and pay for the new arrangements.	= \$			
You can also call your Cal-Learn worker if you think this notice is	☐ parking			
wrong. Rules: These rules apply. You may review them at your welfare	□ parking	☐ month ☐ sch	ool term 🗆 o	ther
office: MPP 42-750.1, 42-750.2, 42-750.3, 42-750.4, 42-750.6		-		

COUNTY OF

		Notice Date Case	:	
		Name	: —	
		Number Worker	; —	
		Name Number	. —	
		Telephone):	
		Address	:	
			_	
ADORESSEE)				
Į.	•			Questions? Ask your Cal-Learn Case Manager.
	ı			
				State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells you how.
	10.00M 14.855			
As of:				
Your Cal-Learn child care has been extended until				
Your Cal-Learn transportation has been extended until		·**		
Nothing about your approved supportive services has changed except the date your payment ends.		. ** **		
Because the extension is less than 30 days, this is the only notice you will get telling you about the extension.		معد الم		
Here's why:				
☐ Your approved Cal-Learn activityis				
continuing. We are paying for your child care space so that it will be there	3000			·
We are paying for your child care space so that it will be there when the next school semester starts.				
Other:				
	-1000			
	365			
-				
Rules: These rules apply. You may review them at your welfare	2000 1800 1800 1800			
office: MPP 42-750.1, 42-750.2, 42-750.3, 42-750.4				
Simple that I be taking an example of court of the court	1600 of 1500 of			•

COUNTY OF

ADDRESSEE)	Notice Date: Case Name: Number: Worker Name: Number: Telephone: Address:
I	' Questions? Ask your Cal-Learn Case Manager.
	State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells you how.
	ON DOADE
As of, your payment for Cal-Learn: child care transportation educational related expenses will be \$ This amount is less than what you asked for.	CHILD CARE: Your payment of \$ for this month will be adjusted effective as follows: \$ your actual advance payment for
Here's why:	your actual costs for that month
You have to pay us back any money we advance to you that you do not use to pay for Cal-Learn expenses. The proof of costs shows that you did not use all of your advance for	s unused advance \$ amount requested unused advance =\$adjusted payment TRANSPORTATION: Your payment of \$ for this month will be adjusted effectivee as follows: \$ your actual advance payment for your actual costs that month =\$ unused advance \$ amount requested unused advance
CALL YOUR CAL-LEARN WORKER IF YOU THINK THIS NOTICE IS WRONG. ALSO, YOU MAY ASK FOR A STATE HEARING, "YOUR CAL-LEARN HEARING RIGHTS" FORMS TELLS YOU HOW TO ASK FOR A STATE HEARING.	=\$adjusted payment EDUCATIONAL RELATED EXPENSES: Your payment of \$ for this month will be adjusted effective as follows: \$ your actual advance payment for, your actual costs that month =\$ unused advance \$ amount requested unused advance =\$ adjusted payment
Rules: These rules apply. You may review them at your welfare office: MPP 42-750, 42-750.3, 42-750.4, 42-750.6, 42-751.44	adjudico paymoni

COUNTY OF

ADORESSEE)	Note Date: Case Name: Number: Worker Name: Number: Telephone: Addresa:
	Questions? Ask your Cal-Learn Worker.
L	State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells you how.
As of	CHILD CARE: Your payment of \$ for
Mileage can be paid only if there is no public transportation available or it costs the same as or less than public transportation. Public transportation is available when it takes no more than two hours round trip for you to get from your home to your Cal-Learn activity on time. You cannot count time to go to and from your child's school or child care. If you drive your car even though public transportation is available, you will be paid at the public transportation rate or the mileage rate, whichever is less. Call your Cal-Learn case manager if this adjusted payment means you will not be able to stay in your Cal-Learn activity, or if it means you will have to change the child care provider you have now. Rules: These rules apply. You may review them at your welfare office: MPP 42-750, 42-750, 6, 42-751.	EDUCATIONAL RELATED EXPENSES: Your payment of \$ for

COUNTY OF

True Remain and Comments		
	Notice Date	
	Cass Name	
	Number	
	Worker Name	
	Number	
	Telephone	
	Address	
	Addises	
(ADDRESSEE)		
		
	l	Questions? Ask your Cal-Learn Case Manager.
		Quoditorio : 7 tott) = 0.
	,	
·		
		State Hearing: If you think this action is wrong,
		you may ask for a hearing. The Cal-Learn hearing
and the same of th		rights information on the back of this form tells you
	124,000	how. You can also call your Cal-Learn Case
		Manager if you think this notice is wrong.
As of January 1, 1994 State Law changed the rules for the Greater		
Avenues for Independence (GAIN) Program by establishing a Cal-		
Learn Program.	10.00	
Your case has been selected by chance to be part of a group that will		
not get Cal-Learn services.		
Here's why:		المرأي من المراجع المر
The law says we must check to see how new fules work.	1488	
In Los Angeles, Alameda, San Joaquin and San Bernardino counties,		The state of the s
Cal-Leam teen parents are divided into the tollowing two groups:		Commence of the second of the
		The state of the s
1. Those that receives services under the Cal-Learn Program.		
2. Those that will-not receive services under the Cal-Learn		
Program.		
We will gather information from members of these two groups to see		
how the Cal-Learn Program is working.		
If you think this action is wrong, you may ask for a state hearing. The		
Cal-Learn Hearing Rights form is on the back of this notice.		
		•
	1000 1000 1000	
A series and the series of the		
•		
	1970	
ina Milan		
		<u> </u>
Rules: These rules apply. You may review them at your welfare		
office: MPP 42-762.4.	1586 40	-MAIN:

COUNTY OF

	Notice Date : Case Name : Number : Worker Name : Number : Telephone : Address :	
ADDRESSEE)		
		Questions? Ask your Cal-Learn Case Manager.
	·	
		State Hearing: If you think this action is wrong, you may ask for a hearing. The Cal-Learn hearing rights information on the back of this form tells you how You can also call your Cal-Learn Case Manager if you think this notice is wrong.
As of, the county is taking you out of the Cal-Leam Program.		
Here's why:		•
You turned 19 years of age and cannot be in the Cal-Learn program anymore.		
You graduated from high school or it's equivalent and cannot be in the Cal-Learn program anymore.		·
Your child is no longer in your AFDC assistance unit:		
☐ You are no longer getting cash ald/.		
Other		
We will not pay for Cal-Learn services such as child care or ransportation any longer. We will not change your cash aid amount, if your child is living with you.		
You may be able to get into the GAIN program. To find out when you may participate and what must be done, contact		
		- -
Rules: These rules apply. You may review them at your welfare office: MPP 42-766.66.		

COUNTY OF

			Notice Date :	
			Name :	
			Number : Worker Name :	
			Number ;	
			Telephone:	
			Address :	
/ADC	PRESSEE)			
(1-0-0				
	· ·	1		Questions? Ask your Cal-Learn Case Manager.
	•			
	1	1		
				State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells you how.
		1858		
ምት ፡	s notice is being sent to you because you are a Cal-Learn			
раг	ticipant or have a Cal-Learn teen parent in your assistance unit			
thai	can get a cash bonus or penalty based on report card grades.			
ナト	e county has figured that for the report card period of			
1 ! ! !	through your AFDC grant will	0.833 0.855		
	change.	1964 1969 1984		
Her	e's why:			
	received grades of D average.			·
	is exempt from the Cal-Learn Program untilbecause:			
	He/she was expelled from school.			
	☐ Lack of child care.			
	☐ Lack of transportation.			
	☐ No access to child care or transportation due to lack of			
	program funding.			
	because:			
	Child care is not available	- 1550 - 1550 - 1550		
	Transportation is not available			
	Case management is not available			
	Special need resulting from			
	Recovery from birth of a baby			
	Other:			
	a can call your Cal-Leam case manager if you think this notice is ong.		_	
	les: These rules apply. You may review them at your welfare ce: MPP 42-769.1, 42-769.2, 42-769.3, 42-769.4			

NOA Message Doc No.: M42-769A Page 2 of 2

Original Date : 01-01-94

Revision Date :

INSTRUCTIONS: Use this message to apply a \$100 Cal-Learn sanction.

Also, this message can be used, when appropriate, to change aid back to the original amount using the first check box.

- o Fill in the effective date of the change, the old aid amount, and the new aid amount.
- o First Check Box: Check this box and fill in the blanks when the county determines in advance that aid will change back to the old amount.
- o Second Check Box: Check this box when the county determines not to check the first box.
- o Fill in the name of the Cal-Learn teen parent and the ending date of the school report card period on which the noa is based.
- o Third and Fourth Check Boxes: Check the applicable box.
- o NA 200 Aid Computation, Section B: Enter the \$50 amount of the sanction on Line 10a, Cal-Learn Sanction.

State of California Department of Social Services	Noa Msg Doc No.: M42-769A Page 1 of Action : Change Issue: Cal-Learn Sanction Title: Apply \$100 Sanction	2
Auto ID No.: Source : Issued by : ACL Reg Cite : M42-769, M42-766	Use Form No. : NA 200 Original Date : 01-01-94 Revision Date :	
MESSAGE:		
As of, the County is changing your cash aid from \$, This change is temporary.	to	
Your aid will change back to the camount as follows: As of , the County is change cash aid from \$ to \$ This is the only notice will get of the change back to the amount.	anging e you	
You will get another notice before cash aid changes again.	e your	
Here's why your aid is changing:		
parent in your family, was required to submit a school report card for the pe ending		
There is a \$100 sanction that lowers y cash aid by \$50 for each of the next t months because:	our wo	
The report card showed unsatisfact school progress.	tory	
We did not receive the report car the end of the 10-day reasonable	d by effort	
period.		

Your new cash aid amount is figured in the next column.

CAL-LEARN PROGRAM

AFDC/CAL-LEARN NOA MESSAGE DOCUMENTS

1.	M42-769 (AFDC) (1/1/94)	Approve Cal-Learn Bonus
2.	M42-769A (AFDC) (1/194)	Apply Cal-Learn \$100 Sanction
3.	M42-769B (AFDC) (1/1/94)	Apply Cal-Learn \$50 Sanction
4.	M42-769C (AFDC) (1/1/94)	Stop Cal-learn Sanction
5	NA 200 (AFDC)	Standard Aid Computation

Departr Auto II Source Issued		Action : Approve Issue: Cal-Learn Bonus Title: Approve Bonus Use Form No. : NA 290 Original Date : 01-01-94 Revision Date :
MESSAGI	E:	
\$the more is for	unty has approved a Cal-Learn Bonus as a supplement to your cash aid nth of, 19 The bon, a Cal-Learn teen pa r family.	for us
Here's	why:	
progre	unty received a report showing schools for this person for the report catending Based on this:	ol ord
_ F	or satisfactory school progress, you amily is getting a \$100 bonus.	ur
	or graduation from school, this pers s getting a \$500 bonus.	son .
INSTRU progre	CTIONS: Use this noa to grant a Cal	-Learn bonus for satisfactory school
0	Enter the amount of the bonus, the and the name of the person that ear	cash aid month supplemented by the bonus, med the bonus.
0	Enter the date of the end of the re	eport card period.
0	Check the appropriate box.	
,		

State of California Department of Social Services

Noa Msg Doc No.: M42-769

State of California Department of Social Services Auto ID No.: Source : Issued by : ACL Reg Cite : M42-769, M42-766	Noa Msg Doc No.: M42-769B Action : Change Issue: Cal-Learn Sanction Title: Apply \$50 Sanction Use Form No. : NA 200 Original Date : 01-01-94 Revision Date :	Page 1 of 2
MESSAGE:		
As of, the County is changing your cash aid from \$ This change is temporary. Your aid will change back to the camount as follows: As of, the County is change your cash aid from \$ to \$ This is the only notice will get of the change back to the amount.	old unging e you	
You will get another notice before cash aid changes again.	e your	
Here's why your aid is changing:		
parent in your family, was required to submit a school report card for the pending There is a \$50 sanction that lowers you cash aid next month because:	riod	
Although the report card showed satisfactory school progress, it received late, and you did not ha good enough reason for being late	ve a	
Although you gave a good reason f unsatisfactory school progress, t report card was received late, an did not have a good enough reason being late.	he d you	
Your new cash aid amount is figured in next column.	the .	

NOA Message Doc No.: M42-769B Page 2 of 2

Original Date : 01-01-94

Revision Date :

INSTRUCTIONS: Use this message to apply a \$50 Cal-Learn sanction.

Also, this message can be used, when appropriate, to change aid back to the original amount using the first check box.

- o Fill in the effective date of the change, the old aid amount, and the new aid amount.
- o First Check Box: Check this box and fill in the blanks when the county determines in advance that aid will change back to the old amount.
- o Second Check Box: Check this box when the county determines not to check the first box.
- o Fill in the name of the Cal-Learn teen parent and the ending date of the school report card period on which the action is based.
- Third and Fourth Check Boxes: Check applicable box.
- o NA 200 Aid Computation, Section B: Enter the \$50 amount of the sanction on Line 10a, Cal-Learn Sanction.

State of California Department of Social Services Noa Msg Doc No.: M42-769C Action : Change Issue: Cal-Learn Sanction Title: Stop Sanction Use Form No. : NA 200

Auto ID No.: Source : Use Form No. : NA 200 Original Date : 01-01-94

Issued by : ACL Reg Cite : M42-769 Revision Date :

MESSAGE:

As of						County	is
changing	your	cash	aid	fr	om \$_		to
\$	_•						

Here's why:

The temporary Cal-Learn sanction that lowered your cash aid has stopped.

Your new cash aid amount is figured in the next column.

INSTRUCTIONS: Use this noa to change aid because a Cal-Learn sanction already implemented is stopping - and the client has not already received a noa making this change in advance.

To complete the noa, fill in the effective date of the change, the old aid amount and the new aid amounts.

STANDARD AID COMPUTATION SECTION

Monthly Cash Aid Amount

Section A. Countable Income, Month of	
Total Earned Income	\$ +
Court Ordered Support You Paid Net Countable Income	+
Section B. Your Cash Aid, Month of	
1. Basic Need, Persons 2. Special Needs 3. Net Countable Income from Section A 4. Basic Need Subtotal	\$ + - =
 Maximum Aid, Persons Special Needs Maximum Aid Subtotal Full Month Aid Subtotal (Lowest Amt. on Line 4, 7, or 14) 	\$ + =
9. Line 8 Prorated for Part of Month. 10. Adjustment to Collect Overpayment. 10a.Cal-Learn Sanction	
	=======
12. Former State MAP, Persons 13. Special Needs (California) 14. Former State Subtotal	+

CAL-LEARN PROGRAM

REPRODUCIBLE COPIES OF FORMS

These forms are to be used for the Cal-Learn Program and have been modeled after GAIN forms.

1.	CL 1 (1/94)	CAL-LEARN PROGRAM INFORMATION/ORIENTATION APPOINTMENT NOTICE
2.	CL 2 (1/94)	CAL-LEARN REGISTRATION/PROGRAM REQUIREMENTS
3.	CL 3 (1/94)	CAL-LEARN NOTICE OF A PARTICIPATION PROGLEM
4.	CL 4 (1/94)	CAL-LEARN INFORMING NOTICE TO PARENT/LEGAL GUARDIAN OF CAL-LEARN PARTICIPANT
5.	CL 5 (1/94)	CAL-LEARN SUPPORTIVE SERVICES OVERPAYMENT NOTICE
6.	CL 6 (1/94)	CAL-LEARN SUPPORTIVE SERVICE REPAYMENT AGREEMENT
7.	CL 7 (1/94)	CAL-LEARN SUPPORTIVE SERVICES OVERPAYMENT FINAL NOTICE
8.	CL 8 (1/94)	CAL-LEARN NOTICE OF REPORT CARD SUBMITTAL SCHEDULE
9.	CL 9 (1/94)	CAL-LEARN NOTICE OF NO GOOD CAUSE DETERMINATION
10.	CL 10 (1/94)	CAL-LEARN NOTICE OF EXEMPTION/DEFERRAL
11.	CL 11 (1/94)	CAL-LEARN NOTICE OF INCOMPLETE GRADES
12.	NA CL BACK (1/94)	CAL-LEARN HEARING RIGHTS

STATE OF CALIFORNIA-	EALTH AND WELFARE AGENCY

CAL-LEARN PROGRAM INFORMATION/ORIENTATION APPOINTMENT NOTICE

FEB 9 1994

ATE:	 	
CASE NAME:		
REGISTRANT'S NAME:	 	
CASE NUMBER:	 	
CASE MANAGER NAME:	 	
PHONE NUMBER:	 	

DEPARTMENT OF SOCIAL SERVICES

WHAT CAL-LEARN MEANS TO YOU

- Cal-Learn Program encourages teenage AFDC recipients who are pregnant or already a parent to stay in or return to high school. Participants may receive financial incentives for meeting program requirements.
- Cal-Learn participants will receive case management services and assistance with child care and transportation costs.
- Your case case manager will:
 - Help you with needed health care and services available in the community.
 - Tell you about different kinds of child care and where to find child care.
 - Ensure that you understand Cal-Learn requirements and what will happen if you do not meet these program requirements.
 - Help you to develop an educational plan.
 - Watch your progress and help you to make necessary changes to your school program.

at	o'clock at	
	keep this appointment,	please cal your Cal-Learn case to schedule another
This notice is Learn progra orientation.	not notification of the part o	program requirements. The Cal- provided to you during the

You have the right to ask to be excused from Cal-Learn, or ask for services like child care and transportation, or to ask for any other service provided by the Cal-Learn Program. You may ask your case manager by phone or in person, or you may ask in writing.

CL 1 -- CAL-LEAR NOTICE OF PROGRAM INFORMATION/ORIENTATION APPOINTMENT (1/94) (NEW) (required - no substitutes)

REER: MPP 42-764.1

This form is to be used to notify teen parents of the Cal-Learn Program and inform them of their scheduled Cal-Learn Program orientation date.

This form contains a brief general description of the Cal-Learn Program but does not include the Cal-Learn participation requirements. The form also includes a list of case management services that will be provided plus the availability of child care and transportation costs assistance. The form is to be sent to individuals who must participate in the program.

INSTRUCTIONS:

Enter the date the orientation has been scheduled, the time and the address.

The CL 1 is NOT the notice that starts the 90-day participation clock. The CAL-LEARN NOTICE OF REGISTRATION/PROGRAM REQUIREMENTS (CL 2) is the notice that starts the 90-day participation clock.

This form must be sent to the teen parent and the caretaker relative of the AU.

FFB 8 1001

CAL-LEARN REGISTRATION/PROGRAM REQUIREMENTS

FEB 8 1994

DATE:	
JATE:	
CASE NAME:	
CASE NUMBER:	
PHONE NUMBER:	
REGISTRANT'S NAME:	
	· · · · · · · · · · · · · · · · · · ·

DEPARTMENT OF SOCIAL SERVICES

EXPLANATION OF THE CAL-LEARN PROGRAM

The Cal-Learn Program is designed to encourage and assist teen parents to stay in or return to school.

MANDATORY REGISTRANTS

You have been registered for the Cal-Learn program. You must participate in Cal-Learn because you are not exempt. Exemptions are listed in the next ∞lumn.

You must participate in the Cal-Learn program if you are pregnant or a custodial parent under the age of 19 and do not have a high school diploma or equivalent.

You are required to go to school on a full time basis to get a high school diploma or equivalent or until you reach the age of 19.

You can get up to four \$100 bonuses a year for getting a report card with grades that average a C or better. You could get four \$100 sanctions a year for getting grades that average below a D grade. You can receive a \$500 bonus upon graduation.

The county will provide case management services to help you that include:

- Developing a report card schedule.
- Developing an educational plan to assist you in graduating from high school or equivalent.
- Monitoring your progress and help you make necessary changes to your school program.
- · Providing referrals to appropriate community services.
- Ensuring that you understand Cal-Learn requirements and consequences of not meeting program requirements.

You can receive child care, transportation and educational related expenses if needed.

It is your responsibility to tell your case worker if you move, get a job, change child care or need other supportive services, or have problems in meeting the program requirements.

Before we lower your cash aid for not making satisfactory progress in school, you will be given a chance to say why you did not. If you have a good reason, your cash aid will not be lowered.

EXEMPTIONS

You have been registered for Cal-Learn because you are not exempt. A person is exempt if he or she:

- Is ill, injured, or physically unable to go to school.
- Is expelled from school and enrollment in an alternative school cannot be arranged.
- · Can not get child care or transportation.
- An AFDC-FC payment is made on behalf of the teen parent.

DEFERRAL

A teen may be deferred if the teen parent:

- Needs supportive or case management services which are temporarily not available.
- Has a special need that deprives the teen parents ability to meet program requirements and the special need cannot be addressed.
- The doctor has given a period of time for post partum recovery after the birth of a child.

Individuals who are deferred are still mandatory participants in Cal-Learn.

If you do not meet any of the listed reasons for being exempt or deferred from Cal-Learn you may be required to go to school or equivalent.

If you think this action is wrong you may ask for a hearing. The Cal-Learn hearing rights information on the back of this form tells you how. You can also call your Cal-Learn worker if you think this notice is wrong.

CL 2 -- CAL-LEAR NOTICE OF REGISTRATION/PRO AM REQUIREMENTS (1/94) (NEW) (required - no substitutes)

REFER: MPP 42-764.2

This notice is to be used to inform all mandatory registrants in the Cal-Learn Program of the program participation requirements; a brief description of case management services and supportive services; and information about bonuses and sanction. It also informs participants that it is their responsibility to inform their case managers of their ability to participate. The responsibility of informing the case manager of the status change will lie with the teen parent as clearly stated on the CL 2 form. The reasons a teen parent may be exempt or deferred are also explained on the form.

INSTRUCTIONS:

Give this notice to Cal-Learn participants when they attend their Cal-Learn Program orientation meeting. This form is the document that starts the 90-day participation clock. If the teen parent does not attend the scheduled Cal-Learn Program orientation, send the CL 2 with the CAL-LEARN NOTICE OF PARTICIPATION PROBLEM (CL 3).

This notice is given to the teen parent and the caretaker relative of the AU.

STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY	· · ·		DEPARTMENT OF SOCIAL SERVICES
CAL-LEARN NOTICE OF A FEB 9	ISSUE DATE: -		
PARTICIPATION PROBLEM	CASE NAME:		CASE NUMBER:
	CASE MANAGER NAME:		PHONE NUMBER::
TO:	If you have	e any questions, pleas	e call your Cal-Learn manager
	·		
·			
There is a problem with your participation in the Cal-Learn Program	m. In order to discuss th	nis problem, we have s	cheduled an interview with
you on:at	_ oʻclock at		
HERE'S THE PROBLEM:			
Unsatisfactory progress.			
	<i>(</i>)		
You did not come to your Cal-Learn orientation.			
You did not turn in your report card or progress report.			
You did not go to school.			
Other: If you cannot keep this interview, please call your Cal-Learn man		4	
	TO AOO KEED LUIS IIA	I ELY ATEMAN	
WHAT IS THE PU	RPOSE OF THIS INTER	RVIEW?	
The purpose of the interview is to find out if you had a good reas. You can get free help with your participation plan and this interview	on for not doing what Ca ew from:	al-Learn requires.	
•		c	<u>CWRO</u>
<u>Legal Ald</u> <u>Office</u>	<u>Welfare</u> <u>Rights</u> <u>Office</u>		
Santa Carlos Car			
	and the second s		
	•		
	· 144		
		÷	

CL 3 (2/94) REQUIRED FORM - SUBSTITUTES PERMITTED

CL 3 -- CAL-LEAT. NOTICE OF PARTICIPATION PK 3LEM (1/94) (NEW). (required - substitutes permitted with prior CDSS approval)

REFER: MPP 42-764.2 and 42-766,

This form informs Cal-Learn participants that there is a serious problem with their participation in the Cal-Learn Program. The problem is either their unsatisfactory progress, they did not attend the Cal-Learn orientation, they failed to turn in a report card, did not attend school, or any other problem the case manager determines. Included will be an appointment date scheduled for the teen to discuss this problem with their Cal-Learn worker. The teen is requested to call their Cal-Learn case manager if they are unable to attend this appointment. This notice also lets the teen know that there is child care and transportation available if needed to keep this appointment. The address and phone numbers are given for the legal aid, welfare rights and the California Coalition of Welfare Rights office.

INSTRUCTIONS:

Complete the name and address of the Cal-Learn participant. Enter the date, time and address of the appointment to discuss the problem. After "Here's the problem," check the appropriate box. If the "Other" box is checked, the problem must be stated.

Specify the date the participant must inform his/her case manager if he/she cannot make the appointment.

List a legal aid office, welfare rights office or CCWRO's address and telephone number. The NA CL BACK, CAL-LEARN HEARING RIGHTS must be mailed with this form.

If this form is being issued because the Cal-Learn participant did not attend Cal-Learn Program orientation, a CL 2 must also be issued with the CL 3, CL 8 and NA CL BACK.

CAL-LEARN INFORMING NOTICE TO PARENT/LEGAL GUARDIAN OF CAL-LEARN PARTICIPANT

ISSUE DATE:	-11-1
CASE NAME:	CASE NUMBER:
CASE MANAGER NAME:	PHONE NUMBER:

то:

his is to inform you that there is a problem with	's participation in the Cal-Learn
rogram. The problem is that	
order to discuss this problem,	has an appointment
n, atoʻclock at	
ou can callatat	if you have questions.
The purpose of this appointment is:	
To find out if there was a good reason for	not doing what Cal-Learn requires.
To come to an agreement on a Cal-Learn participation pl	an.
does not have a	good reason and does not agree to go to school or it's equivalent, your ca
aid may be lowered.	
• the second an expending of	, you may also attend this meeting.

1 1994

CL 4 -- CAL-LEARN INFORMING NOTICE TO PARENT LEGAL GUARDIAN OF CAL-LEARN PARTICIPANT PROBLEM (1/94) (NEW) (required substitutes permitted with prior CDSS approval)

REFER: MPP 42-764.2 and 42-766,

This form notifies teen parents and caretaker relatives that a teen parent has a participation problem in the Cal-Learn Program. The notice explains exactly what the participation problem is.

INSTRUCTIONS:

Complete the name and address of the Cal-Learn participant' parent(s) or caretaker relative. Complete the teen parent's name. Explain the problem. Enter the teen parent's name who has an appointment. Enter the date, time and address of the appointment to discuss the problem. Check the appropriate box. Again, enter the teen parent's name in the following two spaces. In the space below, additional information may be added as appropriate.

The NA CL BACK, CAL-LEARN HEARING RIGHTS, must be issued with this form.

If this form is being issued because the Cal-Learn participant did not attend his/her Cal-Learn Program orientation, a CL 2 must also be issued with the CL 4, CL 8 and NA CL BACK.

CAL-LEARN SUPPORTIVE SERVICES OVER		- 		NOTICE DATE:		
COUNTY OF:				CASE NAME:		
ADDRESSEE:		199/	!	CASE NUMBER:		
				WORKER'S NAME:	<u> </u>	
You were overpaid for the following Cal-Learn Supp	ortive Services(s)	for the	month(s) of	(DAGGGG	•
torner and the second s	tion expenses			ducational related ex	rhauses	
HERE'S WHY: You did not have good reason for not participat	ing in the following	assig	ned activ	ity		
Calla far augnority a conticos						
You were paid an advance payment for				that you did not	use to pay for y	,
expenses. Other:						
Utilet.						
	-			``		
The following shows how much you were paid or w	Latth o County pa	id for v	ou the a	request that should ha	ve been paid a	nd the total amount
The following shows how much you were paid or w you owe.	nat the County pa	10 101 y	<u> </u>		*	
you one.				\$		\$
AMOUNT PAID	\$	16	\$	- \$		- \$
LESS AMOUNT YOU SHOULD HAVE BEEN PAID	- \$	<u> </u>	- \$	·	,	=\$
OVERPAYMENT AMOUNT	=\$		=\$	=\$		=\$
TOTAL OVERPAYMENT (YOU OWE) FROM THIS	NOTICE	,	***********			
PLUG TOTAL PREVIOUS HNCOLLECTER OVER	IPAYMENI		*********	*******	***************************************	+\$
LESS LINDEDDAYMENT						- \$
NEW TOTAL AMOUNT YOU OWE	10 () p 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		*****			=\$
				the second secon		
ONLY THE BOXES THAT ARE CHECKED BELO	avs from the date :	this no	tice was	mailed to you to:		
pay in full what you owe, complete and				preement or, to discuss a rep	ovment agreem	ent with the County.
call your county at					to you, the Co	unty will collect the
If you don't pay what you owe or contact your cou overpayment by lowering your supportive services	payment.	aiter i	110 0010 1	was any and by	the County or i	10% of your
The amount collected will be 5% of your supportive	e services paymer	ntiftth∈	overpay	ment was caused by	me County of	
The overpayment collection will continue for each your next supportive services payment of up to \$	month you reques	t a pay	ment un	til the amount you ov	ve is paid back.	This means that
You may not have to repay in any month while you	ı are in Cal-Learn	if you	would:	in all related expense	es to be in Cal-l	earn and/or
not have enough money to pay for child of the shift care arrangement.	care, transportation	. and	o, oddod.			
Call your worker to have your repayment dela You have told the County before that you can			ons abov	e apply to you. Intuinile you are in C	al-Learn. The	County will delay this
You have told the County before that you can repayment.	not begin to repay	the or	rerpayme	AIR WITHE YOU GIVE IN		INC #VOID CAL.
CONTACT YOUR WORKER IF YOU THINK THE	S NOTICE IS WRO U HOW TO ASK I	ONG. FOR A	YOU MA STATE I	Y ALSO ASK FOR A	take what you	owe out of your state
If you go off aid before the overpayment is paid being one tax refund or take other action to collect.	ack and you do no	t conti	nue to re	oay, the County may	take wildt jou	
You do not have to use any Social Security or SS	l benefits you get t	to repa	y this ove	erpayment.		
If you pay by check or money order send or bring	it to:					
Address:						
If you pay by cash, pay in person. DO NOT MAII	L CASH. Be sure	to ask	for a nun	nbered receipt with th	ne County's nar	ne on it.
PULES: These rules apply: MPP 42-751 and 42	2-765. You may re	view t	nem at yo	our welfare office.		

CL 5 -- CAL-LEARN SUPPORTIVE SERVICES OVERPAYMENT NOTICE (1/94)"
(NEW) (required - substitutes permitted with prior CDSS approval)

REFER: MPP 42-751 and 42-765

This form is to be used to notify Cal-Learn participants of an overpayment of Cal-Learn supportive services, including an unused portion of an advance that could not be recovered in accordance with MPP Section 42-750.62. Counties have the option to send a CL 6 with the CL 5. If the CL 6 is sent with the CL 5, a self-addressed envelope must be included.

If an overpayment is deferred under MPP Section 42-751.32, the county must inform the participant that the overpayment is still owed but that repayment has been postponed. The county must document in the case file the amount and date of the overpayment and the expected ending date of the deferred status. In addition, it is suggested the county set up a tickler file to revaluate the need for the continued deferred repayment.

INSTRUCTIONS:

Complete the following:

- o The month(s) or period of time the individual was overpaid.
- o Check the appropriate box for the type of supportive service(s) that was overpaid. More than one box can be checked if necessary.
- O Check box under "HERE'S WHY" that applies to the reason the overpayment occurred. If the overpayment is due to non-participation without good cause, check the first box and specify the activity the individual was to have participated. If the overpayment is due to an uncollected unused portion of an advance payment, check the second box and enter the month that the unused portion of the advance was intended to cover; it should be on the same month as on the first line. Use the "Other" box to describe when an overpayment has occurred due to county error.

The county may need to add an additional computation sheet.

o Check box(es) that tell the participant what action he/she must take within 10 days. Check only the box(es) that apply to the participant. Check the box that begins "You have told the county before that you cannot begin ...", ONLY when the county is automatically deferring a repayment because the participant already has one or more deferred repayments and it is determined that the deferral criteria still apply; or an unused portion of an advance has one or more deferred repayments and it is determined that the deferral criteria still apply; or an unused portion of an advance has already been deferred for the individual only current Cal-Learn participants are eligible for deferred repayments.

STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY CAL-LEARN SUPPORTIVE SERVICE REPAYMENT AGREEMENT

[FEB 9 1994

	DEPARTMENT OF SOCIAL SERVICES
CASE NUMBER	
CASE NAME	
WORKER	
DATE	

REPAYMENT TERMS AND CONDITIONS	ADDRE	SSE	E	WORKER
You must repay what you down by using one or more of the methods isself in sectionaries. You do not have to begin to repay the overgoment while you are in Call-Larm I you would not be able to keep the child care you have you do not have to begin to repay the overgoment while you are in Call-Larm I you would not be able to keep the child care you have you would not have enough money to pay for child care, theraportation and/or education related expenses that you need to be in Call-Larm. If you do not have to begin to repay now, tell your worker move or if this form was mailed to you, call your worker within the days of the case if you can begin to repay hen you get your high school diploma or equivalent. If you have any questions, Please call us at the second of the case of you can begin to repay when you get your high school diploma or equivalent. If you have any questions, Please call us at the second of the case of you can begin to repay when you get your high school diploma or equivalent. If you have so the county, O on not send cash with this agreement. If you pay by cash, pay in person. Be sure to ask for a numbered receipt with the county name on it. When approved by the county, a signad coop of this agreement, completed and signed within ten days of the date this notice was mailed to you, the county will see action to collect the overpayment by reducing your next payment. If you are no longer in Call-Larm and you do not return this form within ten days of the date this notice was mailed to you, the county will see action to collect the overpayment of your decorpt will take action to collect the overpayment. If you are no longer in Call-Larm and you do not return this form within ten days of the date this notice was mailed to you are no longer in Call-Larm and you do not return this form within ten days of the date this notice was mailed to you, the county will see action to collect the overpayment. If you are no longer in Call-Larm and you do not return this form within ten days of the date this				DATE
You must repay what you down by using one or more of the methods isself in sectionaries. You do not have to begin to repay the overgoment while you are in Call-Larm I you would not be able to keep the child care you have you do not have to begin to repay the overgoment while you are in Call-Larm I you would not be able to keep the child care you have you would not have enough money to pay for child care, theraportation and/or education related expenses that you need to be in Call-Larm. If you do not have to begin to repay now, tell your worker move or if this form was mailed to you, call your worker within the days of the case if you can begin to repay hen you get your high school diploma or equivalent. If you have any questions, Please call us at the second of the case of you can begin to repay when you get your high school diploma or equivalent. If you have any questions, Please call us at the second of the case of you can begin to repay when you get your high school diploma or equivalent. If you have so the county, O on not send cash with this agreement. If you pay by cash, pay in person. Be sure to ask for a numbered receipt with the county name on it. When approved by the county, a signad coop of this agreement, completed and signed within ten days of the date this notice was mailed to you, the county will see action to collect the overpayment by reducing your next payment. If you are no longer in Call-Larm and you do not return this form within ten days of the date this notice was mailed to you, the county will see action to collect the overpayment of your decorpt will take action to collect the overpayment. If you are no longer in Call-Larm and you do not return this form within ten days of the date this notice was mailed to you are no longer in Call-Larm and you do not return this form within ten days of the date this notice was mailed to you, the county will see action to collect the overpayment. If you are no longer in Call-Larm and you do not return this form within ten days of the date this	T F	EP,	AYMENT TERMS AND CONDITIONS	III. Vour total overnayment is \$
Vou de not have to begin to repay the overpayment while you are in Cal-Learn if you would not be able to Keep the chroit on any or under mow or you would not have enough money to pay for hild care, transportation and/or education related expresses that you need to be in Cal-Learn. If you cannot repay or begin to repay have, with a support of the county agrees, you will still have to get a support of the county will then check to see if you can begin to repay when you get your high school of spinar or equivalent. If you have any cuestions, please call us at I if this agreement has been mailed to you and you have no questions, complete and sign this agreement. Keep the last copy, Return all this agreement has been mailed to you and you have no questions, complete and sign this agreement. Keep the last copy, Return all this agreement has been mailed to you and you have no questions, complete and sign this agreement. Keep the last copy, Return all this agreement has been mailed to you and you have no questions, complete and signed within the county and mailed to you and you have no questions, complete and signed within the days of the date this notice was mailed to you, the county, a signed copy of this agreement, completed and signed within ten days of the date this notice was mailed to you, the county will take action to collect the overpayment. If you are still in Call-Learn and do not return this agreement, completed and signed within ten days of the date this notice was mailed to you, the county will take action to collect the overpayment of your the county will deman payment and take other action to collect the overpayment. If you are all colleger and the county will deman any our and to have the advantage and the variety and the county will deman any payment and take other action to collect the overpayment. If you are all colleger and the county to enter into a new repayment agreement will be a payment of the payment of the payment and the county will be payment and the county will be payment and the co	Υ	ou r	must repay what you owe by using one or more of the methods listed in Section	expenses.
date the form was maled. If no epay when you get your high school diploma of equivalent. If you have any questions, please call us at If this agreement has been mailed to you and you have no questions, complete and sign this agreement. Keep the last copy. Return all this agreement has been mailed to you and you have no questions, complete and sign this agreement. Keep the last copy. Return all this agreement has been made to the county. Do not send cash with this agreement will be sent to you. When approved by the county, a signed copy of this agreement will be sent to you. If you are still in Call-Larar and you do not return this to form within the days of the date this notice was mailed to you the county will take action to collect the overpayment by reducing your next payment. If you are no longer in Call-Learn and you do not return this form within end days of this days this notice was mailed to you the county will demand payment and take other action to collect the overpayment. If you have no longer in Call-Learn and you do not return this form within end days of this days this notice was mailed to you the county will demand payment and take other action to collect the overpayment. If you are no longer in Call-Learn and you do not return this form within end days of this days this notice was mailed to you the county will demand payment and take other action the county of the date this notice was mailed to you the county will demand payment and the county of the county of the date this notice was mailed to you the county will require a new repayment agreement. If you are not have the county of the county of the county of the date this notice was mailed to you there you want to repay it it is a beyond three-years. If I do not pay back the county are agreed, they can see me to hecover the amount owned even if it is beyond three-years. If I do not pay the county may rake my state income tax retural agreement no longer works, the county wanter to you wanter to require the county. The county may repay a	Y	ou o	do not have to begin to repay the overpayment while you are in Cal-Learn if or you would not have enough money to pay for child care, transportation an	
If you have any questions, please call us at	S	iate see i	the form was mailed. If the county agrees, you will sail have a requivalent for you can begin to repay when you get your high school diploma or equivalent	s mailed to you, call your worker within ten days of the at you owe, just not now. The county will then check to t.
If this agreement has been malled to you and you have no questions, complete and sight this agreement. Be size to ask for a numbered receipt with the county name on it. When approved by the county, a signed copy of this agreement, completed and signed within ten days of the date this notice was mailed to you, the county will take action to collect the overpayment by reducing you make payment. If you are not longer in Cal-Learn and do not return this agreement, completed and signed within ten days of the date this notice was mailed to you, the county will take action to collect the overpayment by reducing you make payment. If you are no longer in Cal-Learn and you do not return this form within ten days of the date this notice was mailed to you the county will tendent payment and take other action to collect the overpayment. If you are no longer in Cal-Learn and you do not return this form within ten days of the date this notice was mailed to you the county will reduce the county as agreed, or longer get AFDC; or for any reason this agreement not longer works, the county will require a new resonant agreement the county as I have agreed, they can see me to recover the amount owed even if it is beyond three-years. If if do not pay, the county may take my state income tax fetured aptical rask for the count to attach my wages or any property I own. If you get Cal-Learn supportive services in the armount of you will repay. If will repay by lump sum cash payment of \$	1	f yo	u have any questions, please call us at	Library Return all
If you are still in Cal-Learn and do not return this agreement, completed and signed within let days of the date into toolect the overpayment by reducing your next payment. If you are no longer in Cal-Learn and you do not return this form within ten days of the date this notice was mailed to you the county will demand payment and take other action to collect the overpayment. It I understand that: 1. Any changes in my ability to pay can change my monthly payments. 2. If anything changes, I can ask the county to enter into a new repayment agreement with me. 3. If I do not pay as agreed, no longer get AFDC; or for any reason this agreement no longer works, the county will require a new repayment agreement. 4. If I do not pay back the county as I have agreed, they can sue me to recover the amount owed even if it is beyond three-years. If I do not pay the county may take my state income tax fetund aghfor ask for the count to attach my wages or any property I own. 5. If I do not pay, the county may take my state income tax fetund aghfor ask for the count to attach my wages or any property I own. 6. The county may ask other family members to repay if I po not repay. 7. Check below the ways you want to repay. Fill in the amount of each work with a through 6 above. 8. If I do not pay back the county as a payment of S. 9. I will repay by lump sum cash payment of S. 9. I will repay by monthly cash payment of S. 9. Payment Reduction 1. Cash Payment 1. You get Cal-Learn supportive services payments, you can repay by a percentage of your monthly payment, if the overpayment was an error by the county, the highest amount you have to repay is 5% of your monthly supportive services payment. You can choose to pay the same amount each month. 9. I will repay by having vour AFDC gramment reduced. 9. I will repay by having my AFDC grant reduced by s. 9. each month. 1. Cannot begin to repay within 30 days from the date this notice was mailed to me. 1. I cannot begin to repay within 30 days from the date this notice	0	othe rece	r copies to the county. Do not send cash with this agreement. If you pay into with the county name on it.	
If you are still in Cal-Learn and do not return this agreement, completed and signed within let days of the date into toolect the overpayment by reducing your next payment. If you are no longer in Cal-Learn and you do not return this form within ten days of the date this notice was mailed to you the county will demand payment and take other action to collect the overpayment. It I understand that: 1. Any changes in my ability to pay can change my monthly payments. 2. If anything changes, I can ask the county to enter into a new repayment agreement with me. 3. If I do not pay as agreed, no longer get AFDC; or for any reason this agreement no longer works, the county will require a new repayment agreement. 4. If I do not pay back the county as I have agreed, they can sue me to recover the amount owed even if it is beyond three-years. If I do not pay the county may take my state income tax fetund aghfor ask for the count to attach my wages or any property I own. 5. If I do not pay, the county may take my state income tax fetund aghfor ask for the count to attach my wages or any property I own. 6. The county may ask other family members to repay if I po not repay. 7. Check below the ways you want to repay. Fill in the amount of each work with a through 6 above. 8. If I do not pay back the county as a payment of S. 9. I will repay by lump sum cash payment of S. 9. I will repay by monthly cash payment of S. 9. Payment Reduction 1. Cash Payment 1. You get Cal-Learn supportive services payments, you can repay by a percentage of your monthly payment, if the overpayment was an error by the county, the highest amount you have to repay is 5% of your monthly supportive services payment. You can choose to pay the same amount each month. 9. I will repay by having vour AFDC gramment reduced. 9. I will repay by having my AFDC grant reduced by s. 9. each month. 1. Cannot begin to repay within 30 days from the date this notice was mailed to me. 1. I cannot begin to repay within 30 days from the date this notice	1	Nhe	en approved by the county, a signed copy of this agreement will be sent to you	
If you are no longer in Cal-Learn and you do not return this form within ten days of the call this common to defend the overpayment. I. I understand that: 1. Any changes in my ability to pay can change my monthly payments. 2. If anything changes, I can ask the county to enter into a new repayment agreement with me. 3. If I do not pay as agreed; no longer get AFDC; or for any reason this agreement no longer works, the county will require a new repayment agreement agreement. 4. If I do not pay back the county as I have agreed, they can say me to recover the amount owed even if it is beyond three-years. The county may ask of the repayment agreement agreement are all of the county and the county and the county and the mount of the count costs, and interest. 5. If I do not pay, the county may take my state income tax refund agric rask for the count to attach my wagss or any property I own. 6. The county may ask other family members to repay if Jefo not defay the overpayments. III. Check below the ways you want to repay. Fill in the amount(s) you will repay. 1. Cash Payment You may repay all or part of what you owe with cash. You may repay all or part of what you owe with cash. You get Cal-Learn supportive services payment of \$ by the first day of each month beginning If you get Cal-Learn supportive services payment was you want to. The highest amount you have to repay is 10% of your supportive services monthly payment, if the overpayment was you want to. The highest amount you have to repay is 10% of your supportive services monthly payment, if the overpayment was you want to a the highest amount, I will repay by having my supportive services payment reduced by \$ each month. 1. Will repay by having my AFDC grant reduced by \$ each month. 1. Will repay by having my AFDC grant reduced by \$ each month. 1. Cash Begin repayment within 30 days from the date this notice was mailed to me, but I will begin to repay in the way(s) I chose i section III, by 1. Signature 1. On the payment agreement has been acce	١	f yo	u are still in Cal-Learn and do not return this agreement, completed and sign	ed within ten days of the date this flotice was maked to
11. Lunderstand that: 1. Any changes in my ability to pay can change my monthly payments. 2. If anything changes, I can ask the county to enter into a new repayment agreement with me. 3. If I do not pay as agreed no longer get AFDC; or for any reason this agreement no longer works, the county will require a new repayment agreement. 4. If I do not pay back the county as I have agreed, they can see me to recover the amount owed even if it is beyond three-years. If I do not pay back the county as I have agreed, they can see me to recover the amount owed even if it is beyond three-years. If I do not pay the county may take my state income tax refund agree ask for the count to attach my wages or any property I own. 5. If I do not pay, the county may take my state income tax refund agree ask for the count to attach my wages or any property I own. 6. The county may ask other family members to repay if I do not refay the overpayments. 7. If I do not pay, the county may take my state income tax refund agree ask for the count to attach my wages or any property I own. 8. The county may ask other family members to repay if I do not refay the overpayments. 9. If I do not pay, the county may take my state income tax refund agree ask for the county on the same and understand items 1 through 6 above. 9. I will repay by morn thit payment of \$ by by the first day of each month beginning 1 through 6 above. 9. I will repay by the services payment so repay is 10% of your supportive services monthly payment or you can pay more in the payment of the payment was an error by the county, the highest amount you have to repay is 5% of your monthly payment if the overpayment was a reror by the county, the highest amount you have to repay is 5% of your monthly supportive services payment. You can choose to pay the same amount each month. 9. I will repay by having my AFDC payment reduced. 9. I will repay by having my AFDC grant reduced by \$ each month. 9. I will repay by having my AFDC payment in the same amount each month. 9. Section III, b			was an longer in Call earn and you do not return this form within ten days	of the date this notice was mailed to you the county will
2. If anything changes, I can ask the county to enter into a new repayment agreement with the county will require a new repayment agreement. 3. If I do not pay as agreed; no longer get AFDC; or for any reason this agreement no longer works, the county may take my state income tax refund anytor ask for the count to attach my wages or any property I own. 5. If I do not pay, the county may take my state income tax refund anytor ask for the count to attach my wages or any property I own. 6. The county may ask other ramily members to repay if I do not refay the overpayments. 6. The county may ask other ramily members to repay if I do not refay the overpayments. 7. Cash Payment 8. If I do not pay, the county may take my state income tax refund anytor ask for the count to attach my wages or any property I own. 8. If I do not pay ask other ramily members to repay if I do not refay the overpayments. 8. If I do not pay ask other ramily members to repay if I do not refay the overpayments. 9. If I do not pay the county may take my state income tax refund anytor ask for the county may the overpayment. 9. If I do not pay take my wages or any property I own. 10. Check below the ways you want to repay. If I do not repay is 10 not refay the overpayments. 11. Cash Payment 12. You get Call-Learn supportive services payments, you can repay by a percentage of your monthly payment or you can pay more if I will repay by heighest amount you have to repay is 10% of your supportive services monthly payment, if the overpayment was an error by the county, the highest amount you have to repay is 5% of your monthly supportive services payment. You can choose to pay the same amount each month. 12. I will repay by heighest amount that applies in my case. 13. I will repay by having your AFDC payment reduced. 14. I will repay by having my AFDC grant reduced by 5. 15. I will repay by having my AFDC grant reduced by 5. 16. The Completed by the county 17. To be completed by the county 18. The bove signed Agreement has been acce	11.	un	derstand that:	
repayment agreement. 4. If I do not pay back the county as I have agreed, they can see me to recover the amount owed even if it is beyond three-years. 4. If I do not pay collection costs, attorney fees, count costs, and interest. 5. If I do not pay, the county may take my state income tax refund agreed ask for the count to attach my wages or any property I own. 6. The county may ask other family members to repay if I do not repay the overpayments. 6. The county may ask other family members to repay if I do not repay the overpayments. 7. Cash Payment 8. The county may ask other family members to repay if I do not repay the overpayments. 9. It will repay by use of the third that you owe with cash. 1. Cash Payment 1. Cash Payment 1. Will repay by lump sum cash payment of \$ by by the first day of each month beginning 2. Payment Reduction 1. If you get Call-clears supportive services payments, you can repay by a percentage of your monthly payment or you can pay more in you want to. The highest amount you have to repay is 10% of your supportive services exprises payment. You can choose to pay the county, the highest amount you have to repay is 5% of your monthly supportive services payment. You can choose to pay the same amount each month. 1. Carnot Reduction 1. Instead of the highest amount, I will repay by having my supportive services payment reduced by \$ each month. 1. CHECK THE BOX BELOW THAT APPLIES TO YOU 1. I can begin repayment within 30 days from the date this notice was mailed to me. 1. I cannot begin to repay within 30 days from the date this notice was mailed to me. 2. Sign your name below and enter the date. 3. Sign your name below and enter the date. 3. Sign your name below and enter the date. 3. Signature 4. To be completed by the county The above signed Agreement has been accepted by 6. County.	;	2. 3.	If anything changes, I can ask the county to enter into a new repayment agree If I do not pay as agreed; no longer get AFDC; or for any reason this agree.	50m,5m, 7/2 124 g
may have to pay collection costs, address less count or at a feturid agglor ask for the count to attach my wages or any property I own. 5. If I do not pay, the county may take my state income tax feturid agglor ask for the count to attach my wages or any property I own. 6. The county may ask other family members to repay if \$\frac{1}{2}\$ of not, repay the overpayments. 11. Cash Payment 12. Cash Payment 13. Cash Payment 14. Will repay by lump sum cash payment of \$\frac{1}{2}\$ by by the first day of each month beginning by our want to. The highest amount you have to repay is 10% of your supportive services monthly payment, if the overpayment was you want to. The highest amount you have to repay is 10% of your supportive services monthly payment, if the overpayment was an error by the county, the highest amount you have to repay is 5% of your monthly supportive services payment. You can choose to pay the same amount each month. 14. I will repay the highest amount, I will repay by having my supportive services payment reduced by \$\frac{1}{2}\$ each month. 35. Grant Reduction 16. You may repay by having your AFDC payment reduced. You may repay by having your AFDC payment reduced by \$\frac{1}{2}\$ each month. 17. CHECK THE BOX BELOW THAT APPLIES TO YOU 18. I cannot begin to repay within 30 days from the date this notice was mailed to me. 19. I cannot begin to repay within 30 days from the date this notice was mailed to me. 20. Bring this form and payments to: 30. Bring this form and payments "in person" to: 31. Sign your name below and enter the date. 32. Signature 43. Date 44. To be completed by the county 45. The above signed Agreement has been accepted by 46. County.		4.	repayment agreement. If I do not pay back the county as I have agreed, they can sue me to recover.	er the amount owed even if it is beyond three-years. 1
6. The county may ask other family members to repay it is on trepay if the overpayments. Check below the ways you want to repay. Fill in the amount (s) you will repay. I will repay by lump sum cash payment of \$ by by the first day of each month beginning tend items 1 through 6 above. I will repay by monthly cash payment of \$ by by the first day of each month beginning I will repay by monthly cash payment of \$ by the first day of each month beginning I will repay by monthly cash payment of \$ by the first day of each month beginning I will repay by monthly cash payment of \$ by the first day of each month beginning I will repay by monthly cash payment (s) the county, the highest amount you have to repay is 10% of your supportive services monthly payment, if the overpayment was an error by the county, the highest amount you have to repay is 5% of your monthly supportive services payment. You can choose to pay the same amount each month. I will repay the highest amount that applies in my case. Instead of the highest amount, I will repay by having my supportive services payment reduced by \$ last and the highest amount, I will repay by having my supportive services payment reduced by \$ last and the highest amount and having my supportive services payment reduced by \$ last and the highest amount, I will repay by having my AFDC grant reduced. I will repay by having my AFDC grant reduced by \$ leach month. CHECK THE BOX BELOW THAT APPLIES TO YOU I can begin to repay within 30 days from the date this notice was mailed to me, but I will begin to repay in the way(s) I chose it cannot begin to repay within 30 days from the date this notice was mailed to me, but I will begin to repay in the way(s) I chose it cannot begin to repay within 30 days from the date this notice was mailed to me, but I will begin to repay in the way(s) I chose it cannot begin to repay within 30 days from the date this notice was mailed to me, but I will repay by having my approach to repay in the way it is not p		_	may have to pay collection costs, alterney lees, court costs, and safety may take my state income tax refund and/or ask to	r the court to attach my wages or any property I own.
III. Check below the ways you want to repay. Fill in the amount of the cash Payment 1. Cash Payment You may repay all or part of what you owe with cash. I will repay by lump sum cash payment of \$ by by the first day of each month beginning 2. Payment Reduction If you get Cal-Learn supportive services payments, you can repay by a percentage of your monthly payment or you can pay more if you get Cal-Learn supportive services payments, you can repay by a percentage of your monthly payment, if the overpayment was an error by the county, the highest amount you have to repay is 10% of your supportive services monthly payment, if the overpayment was an error by the county, the highest amount you have to repay is 5% of your monthly supportive services payment. You can choose to pay the same amount each month. I will repay the highest amount, I will repay by having my supportive services payment reduced by \$ last and the highest amount, I will repay by having my supportive services payment reduced by \$ last and the highest amount, I will repay by having my supportive services payment reduced by \$ last and the highest amount, I will repay by having my supportive services payment reduced by \$ last month. I will repay by having your AFDC payment reduced. I will repay by having my AFDC grant reduced by \$ last month. I will repay by having my AFDC grant reduced by \$ last month. I cannot begin to repay within 30 days from the date this notice was mailed to me, but I will begin to repay in the way(s) I chose it cannot begin to repay within 30 days from the date this notice was mailed to me, but I will begin to repay in the way(s) I chose it cannot begin to repay within 30 days from the date this notice was mailed to me, but I will begin to repay in the way(s) I chose it cannot begin to repay within 30 days from the date this notice was mailed to me, but I will begin to repay in the way(s) I chose it cannot begin to repay within 30 days from the date this notice was mailed to me, but I will repay by having		c	The county may ask other family members to repay if Lipo not repay the over	payments. Put your initials here to show
You may repay all or part of what you owe with cash. I will repay by lump sum cash payment of \$ by by the first day of each month beginning		Che	eck below the ways you want to repay. Fill in the amount(s) you will repa	inat you have lead and understand
I will repay by monthly cash payment of \$		••	You may renay all or part of what you owe with cash.	
2. Payment Reduction If you get Cal-Learn supportive services payments, you can repay by a percentage of your monthly payment or you can pay more in the overpayment was an error by the county, the highest amount you have to repay is 10% of your supportive services monthly payment, if the overpayment was an error by the county, the highest amount you have to repay is 5% of your monthly supportive services payment. You can choose to pay the same amount each month. I will repay the highest amount that applies in my case. Instead of the highest amount, I will repay by having my supportive services payment reduced by \$			I will repay by lump sum cash payment of \$by	
2. Payment Heduction If you get Cal-Learn supportive services payments, you can repay by a percentage of your monthly payment or you can pay more if you get Cal-Learn supportive services payment, if the overpayment was an error by the county, the highest amount you have to repay is 10% of your supportive services monthly payment, if the overpayment was an error by the county, the highest amount you have to repay is 5% of your monthly supportive services payment. You can choose to pay the same amount each month. I will repay the highest amount that applies in my case. Instead of the highest amount, I will repay by having my supportive services payment reduced by \$			I will repay by monthly cash payment of \$ by the i	irst day of each month beginning
you want to. The highest amount you have to repay is 5% of your monthly caused by you. If the overpayment was an error by the county, the highest amount you have to repay is 5% of your monthly supportive services payment. You can choose to pay the same amount each month. I will repay the highest amount that applies in my case. Instead of the highest amount, I will repay by having my supportive services payment reduced by \$ each month. Instead of the highest amount, I will repay by having my supportive services payment reduced by \$ each month. I will repay by having my AFDC payment reduced. each month.		2.	Payment Heduction	of your monthly nayment or you can hav more if
I will repay the highest amount, I will repay by having my supportive services payment reduced by \$			you want to. The highest amount you have to repay is 10,500 your topped	nest amount you have to repay is 5% of your monthly
Instead of the highest amount, I will repay by having my supportive services payment reduced by 3 each month. 3. Grant Reduction You may repay by having your AFDC payment reduced. I will repay by having my AFDC grant reduced by \$ each month. IV. CHECK THE BOX BELOW THAT APPLIES TO YOU I can begin repayment within 30 days from the date this notice was mailed to me. I cannot begin to repay within 30 days from the date this notice was mailed to me, but I will begin to repay in the way(s) I chose in the second of the second			The same of the same of that cooling in my case	
3. Grant Reduction You may repay by having your AFDC payment reduced. will repay by having my AFDC grant reduced by \$ each month. W. CHECK THE BOX BELOW THAT APPLIES TO YOU I can begin repayment within 30 days from the date this notice was mailed to me. I cannot begin to repay within 30 days from the date this notice was mailed to me, but I will begin to repay in the way(s) I chose in Section III, by			Instead of the highest amount, I will repay by having my supportive serv	rices payment reduced by \$
I will repay by having my AFDC grant reduced by \$ each month. IV. CHECK THE BOX BELOW THAT APPLIES TO YOU I can begin repayment within 30 days from the date this notice was mailed to me. I cannot begin to repay within 30 days from the date this notice was mailed to me, but I will begin to repay in the way(s) I chose i Section III, by Mail this form and payments to: Bring this form and payments "in person" to: Sign your name below and enter the date. Signature Date V. To be completed by the county The above signed Agreement has been accepted by for		3.	m to make the second control of the second c	
IV. CHECK THE BOX BELOW THAT APPLIES TO YOU I can begin repayment within 30 days from the date this notice was mailed to me. I cannot begin to repay within 30 days from the date this notice was mailed to me, but I will begin to repay in the way(s) I chose in Section III, by Mail this form and payments to: Sign your name below and enter the date. Signature V. To be completed by the county The above signed Agreement has been accepted by for county.			The trial respect by having my AFDC grant reduced by \$ each me	onth.
I can begin repayment within 30 days from the date this notice was mailed to me. I cannot begin to repay within 30 days from the date this notice was mailed to me, but I will begin to repay in the way(s) I chose is Section III, by			FOR THE DOX DELOW THAT APPLIES TO YOU	the state of the s
I cannot begin to repay within 30 days from the date this notice was mailed to me, but I will begin to repay in the wayter section III, by	1V.	CH		o mo
Sign your name below and enter the date. Signature V. To be completed by the county The above signed Agreement has been accepted by for county.			I cannot begin to repay within 30 days from the date this notice was malled	d to me, but I will begin to repay in the way(s) I chose in
Sign your name below and enter the date. Signature				Bring this form and payments "in person" to:
V. To be completed by the county The above signed Agreement has been accepted by county.			Sign your name below and enter the date.	
The above signed Agreement has been accepted by county.			Signature	
for county.	٧.	To	be completed by the county	on
			The above signed Agreement has been accepted by	
Signature			forcounty	•

CL 6 -- CAL-LEA SUPPORTIVE SERVICES OVERPA LENT AGREEMENT (1/94) (NEW) (required - substitutes permitted with prior CDSS approval)

REFER: MPP 42-751 and 42-765

Use this form to secure a written repayment agreement with the Cal-Learn participant who has an overpayment of supportive services. The form may be sent with the CAL-LEARN OVERPAYMENT NOTICE (CL 5) to be completed by the participant or the county may use it in meeting with the participant to document the terms of the repayment. If neither of the two preceding situations apply, the CL 5 is to be sent at the point the REPAYMENT AGREEMENT (CL 6) is to be established.

INSTRUCTIONS:

An original and three copies of the CL 6 are to be completed.

Section I

The county fills in the total amount of the overpayment and checks the appropriate box for the type of supportive service that was overpaid.

A child care overpayment can be recovered from a subsequent child care payment. Transportation and/or ancillary overpayments can be recovered from either a subsequent transportation or ancillary payment.

If there is more than one type of supportive services overpayment, a separate CL 6 must be used for each type.

In the space provided, enter the telephone number the participant can call if he/she has any questions about the agreement.

Section II

The participant reads and initials Section II.

Section III

The participant checks the box which represents the payment method chosen and, as appropriate, fills in the payment amount and the date repayment will begin.

Section IV

The participant checks the appropriate box in this section. The county stamps the county's address appropriate for payments. The participant signs and dates the form.

Section V

When the signed agreement is returned by the participant and the county determines that the terms are acceptable as specified in regulations, the county enters the following information in the section marked "To be completed by the county."

- Name of the county official accepting agreement (printed)
- Date
- Name of County
- Signature of authorized county official

Distribution

The original of the CL 6 remains in the county file once it has been signed by both parties. If the CL 6 is sent to the participant, the original and two copies must be mailed with a self-addressed return envelope. The fourth copy is retained by the county pending receipt of the signed agreement. After the participant signs the original and both copies, the participant is instructed to keep the last copy and return the others to the county. After approving the agreement, the county signs the original and the copy. The county keeps the original and sends the signed second copy back to the participant.

If the county secures the CL 6 at a meeting with the participant, the second copy must be given to the participant with both parties' signatures; the original, with both parties' signatures is retained in the county filed.

CAL-LEARN SUPPORTIVE SERVICES	FEB 1 1994	NOTICE DATE:
OVERPAYMENT FINAL NOTICE		CASE NAME:
COUNTY OF:	The second secon	CASE NUMBER:
	•	WORKERS NAME
	that vo	u were overpaid for the following supportive service(s)
We told you on		ducational related expenses
	Oltation expenses	
The amount of your overpayment that you still o	we is \$ and is due	now.
HERE'S WHY:		
You did not agree to repay.		
You did not pay as agreed.		orks
You are no longer in Cal-Learn and you	ur method of repayment no longer w	works
Company and the same setting AFDC and Vi	our method of repayment no logicies.	WOLKS.
You did not have to repay while you we	ere in Cal-Learn. Now you need to r	epay.
Cther.		
	LESS AMOUNT YOU REP	AID TOTAL AMOUNT YOU OWE
TOTAL OVERPAID AMOUNT		= \$
s]- \$ > *	nin ten days from the date this notice was mailed to yo
state income tax refund or taxe other action to	county to enter into a repayment ag collect the amount you owe.	reement, the county may take what you owe out or y
If you get AFDC you can ask to have your AFD You do not have to use any Social Security or	county to enter into a repayment ag collect the amount you owe. OC grant lowered to pay what you ow SSI benefits to repay this overpayme	e.
If you get AFDC you can ask to have your AFD	county to enter into a repayment ag collect the amount you owe. OC grant lowered to pay what you ow SSI benefits to repay this overpayme	e.
If you get AFDC you can ask to have your AFD You do not have to use any Social Security or	county to enter into a repayment ag collect the amount you owe. OC grant lowered to pay what you ow SSI benefits to repay this overpayme	e.
If you get AFDC you can ask to have your AFD You do not have to use any Social Security or If you pay by check or money order, send or br Address:	county to enter into a repayment agocollect the amount you owe. OC grant lowered to pay what you ow SSI benefits to repay this overpayment ing it to:	e.
If you get AFDC you can ask to have your AFD You do not have to use any Social Security or If you pay by check or money order, send or brown ask to have your AFD.	county to enter into a repayment agocollect the amount you owe. OC grant lowered to pay what you ow SSI benefits to repay this overpayment ing it to:	e.
If you get AFDC you can ask to have your AFD You do not have to use any Social Security or If you pay by check or money order, send or br Address:	county to enter into a repayment agocollect the amount you owe. OC grant lowered to pay what you ow SSI benefits to repay this overpaymenting it to:	e.
If you pay by cash, pay in person. DO NOT M	county to enter into a repayment agocollect the amount you owe. OC grant lowered to pay what you ow SSI benefits to repay this overpaymenting it to:	e.
If you pay by cash, pay in person. DO NOT M	county to enter into a repayment agreed the amount you owe. OC grant lowered to pay what you ow SSI benefits to repay this overpayment ing it to:	e. ent. mbered receipt with the county name on it.
If you get AFDC you can ask to have your AFD You do not have to use any Social Security or I If you pay by check or money order, send or be Address: If you pay by cash, pay in person. DO NOT M If you have any questions call	county to enter into a repayment agree collect the amount you owe. OC grant lowered to pay what you ow SSI benefits to repay this overpayment ing it to: IAIL CASH. Be sure to ask for a nur	e. Int. The county may take what you owe out or you have out
If you pay by cash, pay in person. DO NOT M	county to enter into a repayment agree collect the amount you owe. OC grant lowered to pay what you ow SSI benefits to repay this overpayment ing it to: IAIL CASH. Be sure to ask for a nur	e. nbered receipt with the county name on it. YOU MAY ALSO ASK FOR A STATE HEARING. 'Y
If you get AFDC you can ask to have your AFD You do not have to use any Social Security or I If you pay by check or money order, send or be Address: If you pay by cash, pay in person. DO NOT M If you have any questions call	county to enter into a repayment agree collect the amount you owe. OC grant lowered to pay what you ow SSI benefits to repay this overpayment ing it to: IAIL CASH. Be sure to ask for a nur	e. nbered receipt with the county name on it. YOU MAY ALSO ASK FOR A STATE HEARING. 'Y
If you get AFDC you can ask to have your AFD You do not have to use any Social Security or I If you pay by check or money order, send or be Address: If you pay by cash, pay in person. DO NOT M If you have any questions call	county to enter into a repayment agree collect the amount you owe. OC grant lowered to pay what you ow SSI benefits to repay this overpayment ing it to: IAIL CASH. Be sure to ask for a nur	e. nbered receipt with the county name on it. YOU MAY ALSO ASK FOR A STATE HEARING. 'Y
If you get AFDC you can ask to have your AFD You do not have to use any Social Security or I If you pay by check or money order, send or be Address: If you pay by cash, pay in person. DO NOT M If you have any questions call	county to enter into a repayment agree collect the amount you owe. OC grant lowered to pay what you ow SSI benefits to repay this overpayment ing it to: IAIL CASH. Be sure to ask for a nur	e. nbered receipt with the county name on it. YOU MAY ALSO ASK FOR A STATE HEARING. 'Y
If you get AFDC you can ask to have your AFD You do not have to use any Social Security or I If you pay by check or money order, send or be Address: If you pay by cash, pay in person. DO NOT M If you have any questions call	county to enter into a repayment agree collect the amount you owe. OC grant lowered to pay what you ow SSI benefits to repay this overpayment ing it to: IAIL CASH. Be sure to ask for a nur	e. nbered receipt with the county name on it. YOU MAY ALSO ASK FOR A STATE HEARING. 'Y

CL 7 (1/94) REQUIRED - SUBSTITUTE PERMITTED

CL 7 -- CAL-LE OVERPAYMENT FINAL NOTICE (94) (NEW) (required - substitutes permitted with prior CDSS approval)

REFER: MPP 42-751 and 42-765

This notice will be used to inform Cal-Learn participants that their Cal-Learn supportive services overpayment is due unless they enter into a new CAL-LEARN REPAYMENT AGREEMENT (CL 6):

- o Individuals who have left the Cal-Learn Program including those who are exempt;
- o Individuals who have left AFDC, except those eligible for transitional child care (TCC). For individuals eligible for TCC, follow the procedures specified in MPP 47-190.
- o Individuals who have failed to make a cash repayment as specified in their REPAYMENT AGREEMENT CL 6, regardless of whether they are still in Cal-Learn, GAIN or AFDC.

INSTRUCTIONS:

Complete the following:

- O Date(s) the original CAL-LEARN SUPPORTIVE SERVICES OVERPAYMENT NOTICE(S) (CL 5) was mailed telling the individual about the overpayment(s).
- o The type of supportive service(s) that was overpaid.
- o The remaining amount owed.
- The check box which designates the reason for the FINAL NOTICE (CL 7).
 - o The overpayment computation.
 - o The county mailing address.
 - o The county contact telephone number.

Attach the NA CL BACK, CAL-LEARN HEARING RIGHTS.

STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY

CAL LEARN NOTICE OF REPORT CARD SUBMITTAL SCHEDULF

	·
ISSUE DATE:	
CASE NAME:	CASE NUMBER:
CASE MANAGER NAME:	TELEPHONE NO.

	22.2	CASE MANAGER NAME:	
		If you have any questions, please call	your Cal Learn case manager.
^		•	
):			
		•	
•			
	□ we □ case man	nager decided the dates your report cards o	or progress reports are due to
nour Cal-Learn case ma			
		and follows:	
he dates your report o	ards or progress reports must be given to yo	our Cal-Learn Case Manager are as follows:	
1.			
2.			
3.			
4.			
	in the second se		
Your supportive service	es needs will be addressed in another notice	e.]	
	•		
f you do not receive a	report card or progress report call your Cal-	Learn case manager.	
	to your Cal-l	earn case manager your aid may be lowered	•
f you do not give your	report card of progress report to your our a	,	
If you have good rea manager immediately	son for not turning in your report card or p of your reason.	progress report your aid will not be lowered	but you must notify your cas
		al-Learn hearing rights information on the bac is wrong.	ck of this form tells you how. Yo
Case manager name:		•	
Telephone number:			
	apply: MPP 42-766.33, 42-766.6. You may		
RULES: These rules	apply: MPP 42-766.33, 42-766.6. Tournay	, in the second of the second	

CL 8 -- CAL-LEAK. NOTICE OF REPORT CARD SUBM. TAL SCHEDULE (1/94) (NEW) (required - substitutes permitted with prior CDSS approval)

REFER: MPP 42-766.33 and 42-766.4

This notice informs parents or caretaker relatives and teen parents of the dates report cards are due and that they must be submitted to their case manager. It further informs teen parents that they must call their case managers immediately if they do not receive any type of report cards or if they have a good reason for not turning in their report cards. It also informs teen parents that if they fail to give their report cards to their case managers, their cash aid may be lowered. In addition, it informs teen parents that their supportive services needs will be addressed in a separate notice.

INSTRUCTIONS:

Complete teen parents name and address. Enter date of decision. Enter the four dates the report card is due.

Attach the NA CL BACK, CAL-LEARN HEARING RIGHTS.

If a teen parent did not attend his/her Cal-Learn Program orientation and the case manager must develop a report card submittal schedule, use this form. Send along with the CL 2, CAL-LEARN REGISTRATION/PROGRAM REQUIREMENTS, CL 3, CAL-LEARN NOTICE OF A PARTICIPATION PROBLEM and NA CL BACK, CAL-LEARN HEARING RIGHTS.

This notice must be sent to the teen parent and the caretaker relative of the AU.

	, v	DEPARTMENT OF SOCIAL SERVICES
ATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY		DEPARTMENT OF GOODING
AL-LEARN NOTICE OF	ISSUE DATE:	
O GOOD CAUSE DETERMINATION	CASE NAME:	CASE NUMBER:
	CASE MANAGER NAME:	PHONE NUMBER:
FE8 9 1994	If you have any questions	, please call your Cal-Learn case manage
D:		
J		
	•	
·		
you follook to:		
n, you failed to:	•	
☐ Give your Cal-Learn case manager a copy of your report	card or progress report.	
Cive you. Our Education and Transfer in the Cive your Car Education and Cive your Car	• ,	
Get passing grades.	• •	
the second secon	eason for not doing what Cal-Le	arn requires.
e reviewed your case and decided that you did not have a good re	Bason for not doing must be as	
ecause you did not have good reason for not doing what Cal-Lear	n requires your cash aid will be I	owered.
PARTICI	PATION PLAN	
n order to help you correct any problems that have kept you from o	doing what Cal-Learn requires, v	ve have scheduled an appointment with y
nato'clock at		And the second s
Ve will work with you on a plan for your participation in Cal-Learn.	If you cannot keep this appointn	nent, please call your Cal-Learn case
nanager at	•	
	TO A MODODITATION A	DE AVAU ARI E
CAL-LEARN CHILD CARE AND	THANSPURIATION A	DOINTMENT
IF YOU NEED THEM TO HEL	P YOU KEEP INIS AP	POINT MEINT
you think this action is wrong, you may ask for a hearing. The	Cal-Learn Hearing Rights inform	ation on the back of this form tells you h
you think this action is wrong, you may ask for a hearing. You can also call your Cal-Learn case manager if you think this not	tice is wrong.	
		ice.
RULES: These rules apply: MPP 42-766.28, 42-766.64. You may	/ 18418W-1116H-1116H-1116H-1116H-1116H-1116H-1116H-1116H-1116H-1116H-1116H-1116H-1116H-1116H-1116H-1116H-1116H	
	•	
<u> </u>		
-		

CL 9 -- CAL-LEARN NOTICE OF NO GOOD CAUSE DETERMINATION 91/94)
(NEW) (required - substitutes permitted with prior CDSS approval)

REFER: MPP 42-766.28, 42-766.633 and 42-766.64

Use this form to inform teen parents that they have been found to be without good cause for failing or refusing to comply with Cal-Learn Program requirements. It also identifies the reason(s) for such a determination and indicates the scheduled appointment date on which the teen parent and the Cal-Learn case manager can meet to discuss the problem. It also informs a teen parent of the right to appeal the determination.

INSTRUCTIONS:

Complete name and address. Enter date of determination. Check appropriate box. Enter appointment date, time and address. Enter telephone number.

Copy to the back or attach NA CL BACK, CAL-LEARN HEARING RIGHTS, to this form.

STATE OF CAUFORNIAHEALTH AND WELFARE AGENCY	Constitution of the consti	USPARTMENT OF SUCIAL SERVICES		
CAL-LEARN NOTICE OF	ISSUE DATE:			
EXEMPTION / DEFERRAL	CASE NAME:	CASE NUMBER:		
:	WORKER NAME:	WORKER NO.:		
TO:	If you have any questions, please ca your county worker.	all your Cal-Learn case manager or		
This is to inform you that you cannot be in Cal-Learn.				
		-		
Here's why:				
☐ You are exempt.				
You are deferred.				
HOWEVER, THIS DOES NOT MEAN THAT YOU DO NOT HAVE 48200 REQUIRES THAT YOU MUST STILL ATTEND SCHOOL.	TO GO TO SCHOOL. THE CALIFORN	IA EDUCATIONAL CODE SECTION		
EXEMPTION:	DEFERRAL:	:		
A teen parent is exempt if he or she:	A teen parent is deferred if he or			
 Is ill, injured, or physically unable to go to school. 	 Needs supportive services o which are temporarily not av 	r case management services ailable.		
 Is expelled from school and enrollment in an other school cannot be arranged. 	 Has a special need that depl 	rives the teen parents ability to		
Cannot get child care or transportation.	meet program requirements. Needs time to recover from 6	child birth.		
 An AFDC-FC payment is made on behalf of the teen parent. 				
Because you are exempt, you will not to receive Cal-Learn services.	Because you are deferred you w services but will get case man management services are not av	nagement services unless the casi		
If you think this action is wrong, you may ask for a hearing. The Cocan also call your Cal-Learn case manager if you think this action.	al-Learn hearing rights information on th is wrong.	ne back of this form tells you how. You		
RULES: These rules apply MPP 42-763.2, 42-763.3. You may re	eview them at your welfare office.			
HOLLO. Hiese fules apply mile in the control of the				

CL 10 -- CAL-LEARN NOTICE OF EXEMPTION/DEFERRAL (1/94)(NEW) (Required - substitutes permitted with prior CDSS approval)

REFER: MPP 42-763.2 and 42-763.3

Use this form to inform teen parents if they are exempt from participating in Cal-Learn Program or deferred from sanctions and bonuses. A description of how long a teen parent is exempt or deferred is also given. The notice informs exempt individuals that they will not receive any Cal-Learn services and teen parents who are deferred will be eligible to receive case management services if available.

This form would be used at the initial evaluation.

INSTRUCTIONS:

Complete name and address of teen parent. Enter effective date. Check appropriate box. Enter beginning date and ending date for exemption or deferral.

Attach NA CL BACK, CAL-LEARN HEARING RIGHTS.

593 7 1983

CAL-LEARN - NOTICE OF INCOMPLETE GRADES

	ISSUE DATE:	
	CASE NAME:	CASE NUMBER:
	CASE MANAGER NAME:	PHONE NUMBER:
1	ľ	
1	1	
On	you gave a report card to your case manag	er that had incomplete grades.
You have 30 days from grade(s).	to give your case manager a	a report card with a complete
If a new report card is turned in by the end of the 30 unsatisfactory progress. The case manager shall Section 42-766.63.	day period that shall be the one to deter treat the report card as having been	mine adequate, satisfactory or submitted as required under
A bonus or sanction will be applied according to the g	rades received by the end of the 30 day p	eriod.
If you do not turn in a report card with complete grade	es, the incomplete grade(s) will be consider	red a failing (F) grade(s).
	had a second	

CL 11 -- CAL-LEARN NOTICE OF INCOMPLETE GRADES (1/94) (NEW) (Required - substitutes permitted with prior CDSS approval)

REFER: MPP 42-763.63

This notice informs the teen parent and parent/caretaker relative that the report card submitted to the case manager contained an incomplete grade(s). It also stipulates that the teen parent has 30 days from the date given to turn in a report card with completed grades. Adequate, satisfactory or unsatisfactory progress will be determined by the new report card. A bonus or sanction may also be applied as necessary. If a new report card is not turned in with complete grade(s), then the original report card with the incomplete grade(s) will be considered as a failing grade.

INSTRUCITONS:

Enter the date of determination. Enter the date that the teen parent has 30 days from to complete the incomplete grade. Include telephone number of case manager.

Attach the NA CL BACK, CAL-LEARN HEARING RIGHTS.

FEB

CAL-LEARN HEARING RIGHTS

- You have the right to ask for a hearing if you disagree with any county decision regarding your status (standing) in Cal-Learn, your Cal-Learn activity, or your Cal-Learn supportive
- Asking for a Cal-Learn hearing will not affect your AFDC cash aid.
- You only have 90 days to ask for a hearing.
- The 90 days started the day after we gave or mailed you a notice.

WHILE YOU WAIT FOR A HEARING DECISION

If you disagree with the county's decision about your Cal-Learn status or your Cal-Learn activity:

- You do not have to participate in Cal-Learn.
- You cannot come into the Cal-Learn program if we have told you we cannot serve you.
- You can keep going to an activity different from the one we referred you to, but we will not pay any Cal-Learn supportive services or give you any other Cal-Learn services.

To get any Cal-Learn supportive services payments, you must go to the Cal-Learn activity the county has asked you to go to.

If you disagree with the county's decision about your supportive services payments, and you attend your approved Cal-Learn activity, the county will pay supportive services as follows:

- If we have told you your payments will be lowered, you will get the lower rate.
- If we have told you your payments will be made in a different form, you will be paid in the different form.
- If we have told you your payments will stop; you will not get any more payments, even if you go to your activity.
- If we have denied payments before the hearing, you will not get the requested payments.

If the amount of supportive services the county pays while you wait for a hearing decision is not enough, you can stop going to your Cal-Learn activity.

You may get free legal help at your local legal aid office or welfare rights group, or from the CCWRO.

HOW TO ASK FOR A STATE HEARING

The best way to ask for a hearing is to fill out this page and send or take it to:

You may also call 1-800-952-5253. If you are Deaf and use TDD, call 1-800-952-8349.

HEARING REQUEST

I want a hearing b	ecause of an action b	y the Welfare Department of ounty about my
Cal-Learn Sta	atus 🗆	Cal-Learn Activity
Cal-Learn Su	pportive Services 🗌	Other (list)
Here's why:		
N.		
- WHITEAN - JAP		
I will bring this pe if known):	rson to the hearing to	help me (name and address,
		My language or dialect is:
My name:		
Phone:		Date:

Phone:

Hearing File: If you ask for a hearing, the State Hearing Office will set up a file. You have the right to see this file. The State may give your file to the Welfare Department, the U.S. Department of Health and Human Services and the U.S. Department of Agriculture. (W. & I. Code Section 10950).

NA CL BACK -- CAL-LEARN HEARING RIGHTS (1/94)(NEW) REQUIRED NO SUBSTITUTES

REFER: MPP 22-017

This form is used to inform Cal-Learn participants of their hearing rights if they do not agree with the action that was taken by the case manager (e.g., exemption, deferral, bonuses or sanctions). It specifies the participation requirements pending a hearing decision and directs the participant to call their local legal aid office or welfare rights organizations for assistance. This form must be sent with any action that must be timely.

INSTRUCTIONS:

Copy this form onto the back of all forms that require counties to provide a teen parent his/her hearing rights. Counties can attach a copy if a county chooses.

CAL-LEARN SUPPORTIVE SERVICES NOAs

QUICK REFERENCE QUIDE

The Quick Referenc Guide specifies the appropriate NOA to issue for Cal-learn supportive services actions. It also indicates what the NOA is to do and when a NOA must be timely.

As defined in MPP Section 22-001(t)(1), a timely notice is one sent at least 10 calendar days prior to the effective date of the action. This means that the case manager has given the Cal-Learn participant a notice about the case manager's intended action at least 10 days before the action occurs. If the Cal-Learn participant disagrees with the case manager's action, he/she can file for a state hearing.

An adequate notice must inform the client in writing about: (1) what action the county plans to take; (2) why the action is being taken; (3) which regulations support the action; (4) how the client can request a state hearing; and (5) under which circumstances supportive services will continue pending the hearing decision. The adequacy requirements apply to all NOAs.

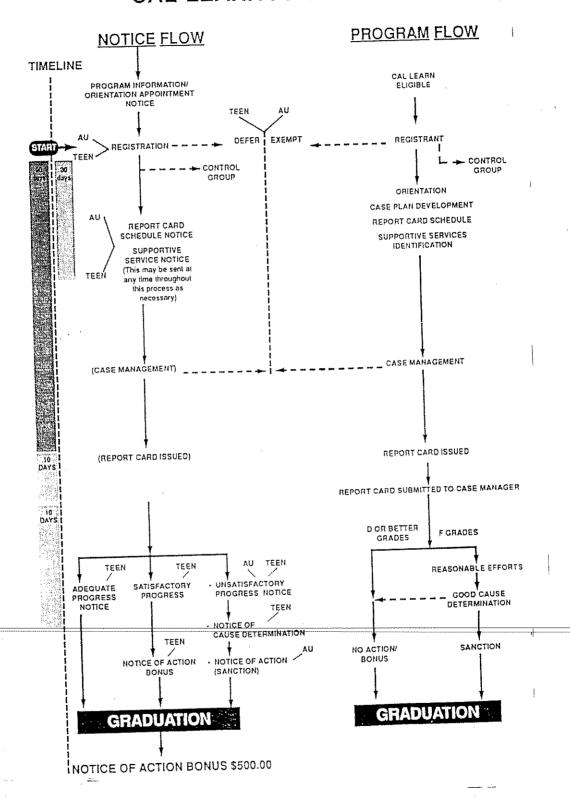
CAL-LEARN SUPPORTIVE SERVICES NOAS QUICK REFERENCE GUIDE

NOA NO. & TITLE	ACTION	TIMELY
M42-750B(CL) Approve Child Care	APPROVETo approve child care payments. Usually, this is the first child care NOA a Cal-Learn participant gets when he/she starts school.	NO
M42-750C(CL) Change Child Care	CHANGE(increase) To increase the maximum level. Also, to approve all or part of a Cal-Learn participant's request to change to a new provider.	NO
	CHANGE(decrease) To decrease the maximum payment level.	YES
M42-750D(CL) Deny Child Care	DENIALTo deny a request for child care payments.	NO
M42-750E(CL) Discontinue Child Care & Transpor- tation	DISCONTINUANCE(termination) To stop child care and/or transportation payments because the a teen parent is ineligible to participate in Cal-Learn, has been exempted from participation or has been deferred from being subject to sanctions or bonuses	
M42-750F(CL) Approve Transportation	APPROVEUse to approve transportation payments. Usually, this is the first transportation NOA a Cal-Learn participant will get when he/she starts school.	NO
M42-750G(CL) Change Transpor-	CHANGE(increase) Use to increase the maximum payment level.	NO
tation	CHANGE(decrease) Use to decrease the maximum payment level.	YES
M42-750H(CL) Deny Transportation	DENIALUse to deny a request for transportation payments	NO

NOA NO. & TITLE	ACTION	TIMELY
M42-750J(CL) Approve Ancillary Expenses	APPROVEUse to approve all or a portion of a request for ancillary expenses; includes listing of items not approved.	NO
M42-750K(CL) Deny Ancillary Expenses	DENIALUse to deny entire request for ancillary expenses; no items approved.	NO
M42-750L(CL) Adjust Child Care & Trans- portation	ADJUSTMENTUse to reconcile supportive services claims with actual expenditures. The approved maximum remains the same. Also use to notify Cal-Learn participants about reconciled payments made to temporary providers of care for sick child(ren), whenever the amount paid is less than the amount claimed, and to notify Callearn participants about temporary changes in the method of payment for supportive services. Issue at the same time as the payment	
M42-750P(CL) Reduce Child Care & Trans- portation	REDUCEUse to recover unused portions of an advance payment for supportive services.	YES
M42-750Q(CL) Reduce Child Care, Trans- portation &	OVERPAYMENTUse to recover unused portions of an advance payment by adjusting a future supportive services payment after NOA M42-	YES
Ancillary; Payment Limit No Change	750P(CL) has been sent and proof of costs has been received for supportive services.	
M42-762.4(CL) Inform Control Group	INFORMUse to inform teen parents eligible to participate in the Cal-Learn Program that they have been selected to be in a control group.	NO

NOA NO. & TITLE	ACTION	TIMELY
M42-766.67(CL) Ineligible Teen Parent	INELIGIBLEUse to inform teen parents that they are no longer eligible to participate in the Cal-Learn Program because they are not on aid, they graduated, their child no longer lives with them, they turne 19 years of age.	YES d
M42-769(CL) Inform AU of Cal-Learn Status	INFORMUse to inform AU/Cal-Learn teen parent of the teen parent's status in Cal-Learn when the teen parent will not receive a sanction or bonus.	NO

FLOW CHART
FOR PROGRAM AND FORMS



AT ANY POINT THROUGHOUT THIS PROCESS:

UPON A TEEN BECOMING THE AGE OF 19 A HOTICE SHALL BE SENT INFORMING THE TEEN THAT THEY
MAY NO LONGER PARTICIPATE IN THE CAL-LEARN PROGRAM AND WILL BE REFERRED TO GAIN

MODEL CONTRACT

Rev: 02/02/94

COUNTY MODEL CONTRACT

CAL-LEARN PROGRAM

THIS AGREEMENT, made and entered into this day of, 199, in the State of California, by and between the County of , hereinafter referred to as the COUNTY, and
, hereinafter
referred to as the CONTRACTOR, for the purpose of providing services to the COUNTY in implementing and conducting the Cal-Learn Program
pursuant to the provisions of Senate Bill (SB) 35 (Chapter 69, Statute
of 1993) and SB 1078 (Chapter 1252, Statutes of 1993).

A. CONTRACTOR RESPONSIBILITIES

1. SCOPE OF WORK

The CONTRACTOR agrees to provide services as described in Exhibit "A," consisting of three pages attached hereto and by this reference is incorporated herein.

2. CONFLICT OF INTEREST

The CONTRACTOR agrees that all reasonable efforts will be taken to ensure that no conflict of interest exists among or between its officers, agents, or employees in connection with the performance of this AGREEMENT. The CONTRACTOR agrees to have all staff sign a conflict of interest document, investigate any alleged conflict of interest violations and advise the COUNTY.

4. INDEMNIFICATION

The CONTRACTOR agrees to indemnify, defend, and hold harmless the COUNTY, its officers, agents, and employees from any and all claims and losses occurring or resulting to any contractors, subcontractors, material, laborers, and any other person, firm or corporation furnishing or supplying work, services, materials, or supplies in connection with the performance of this AGREEMENT, and from any an all claims and losses occurring or resulting to any person, firm, or corporation who may be injured or damaged by the CONTRACTOR in the performance of this AGREEMENT.

5. NONDISCRIMINATION

The CONTRACTOR's signature affixed hereon shall constitute a declaration under the penalty of perjury under the laws of the State of California that the CONTRACTOR has complied with the nondiscrimination program requirements of Government Code Section 12990 and Title 2, California Code of Regulations, Section 8103. The attached Exhibit "E," State of California Standard Form 17A, entitled "Nondiscrimination Clause," is made a part hereof by this reference.

6. REPORTING REQUIREMENTS

The CONTRACTOR agrees to provide the following briefings and reports to the COUNTY:

a. Oral Reports/Briefings

The CONTRACTOR will make oral progress reports to the COUNTY Project Officer by the _____ and ____ day of every month(s) during the term of this AGREEMENT. The CONTRACTOR shall be prepared to make one oral presentation to the COUNTY management, summarizing final results, in _____, California.

b. Progress Reports

Written progress reports will be submitted to

______ by the _____ day of every

_____ month(s) during the term of this AGREEMENT. These
reports should report the status of all planned tasks and activities, including findings, problems, recommendations and planned changes to methodology. The CONTRACTOR shall collect data in accordance with the California Department of Social Services statistical reporting requirements.

c. Final Report

The final report on the entire project will be due _____, 19___to _____.

7. COUNTY CONTACT

The CONTRACTOR agrees to send written reports and materials concerning the program to _______, and further agrees to use them for all purposes that are related to fulfilling the requirements of this AGREEMENT.

8. STAFFING

CONTRACTOR agrees to provide a staffing ratio of teen parents who are eligible for participation in the Cal-Learn Program to each case manager. This staff shall have the required expertise to perform the case management services within the AGREEMENT time schedule. Such staff shall include, but not be limited to, the project team identified in Exhibit "C." Any modification to the project team must have prior written approval by the COUNTY.

9. INSPECTION

The CONTRACTOR agrees that the COUNTY, State and Federal Government, upon request, shall have the right to examine and audit all the records, books, papers and documents related to the conduct of activities funded by this AGREEMENT. The CONTRACTOR agrees to provide the COUNTY, State and Federal

Government with any relevant information requested and shall permit access to its premises, upon reasonable notice, during normal business hours for said purpose. The CONTRACTOR further agrees to retain, in the State of California, all such records, books, papers and documents pertaining to this AGREEMENT for three (3) years from the termination of this AGREEMENT or until any outstanding Federal or State audit issues that arise during that time period are finally resolved.

10. RIGHTS TO DATA

The CONTRACTOR agrees the COUNTY and State shall have an unconditional right to use in any manner all data, reports or other material which arrises out of the performance of this agreement. Such license shall be in effect only to the extent that the CONTRACTOR has the right to grant such license without becoming liable to pay compensations for others because of such grant.

11. LICENSES AND STANDARDS

The CONTRACTOR shall have all necessary licenses and permits required by the laws of the United States, State of California, the County of _____ and all other appropriate governmental agencies, and agrees to maintain these licenses and permits in effect for the duration of this AGREEMENT.

The CONTRACTOR agrees that the performance of work and services pursuant to the requirements of this AGREEMENT shall conform to highest professional standards.

The CONTRACTOR agrees it has the administrative and management functions necessary to meet the requirements of this AGREEMENT.

12. INFRINGEMENT

The CONTRACTOR agrees to report to the COUNTY, promptly and in writing, each notice of claim of copyright infringement received by the CONTRACTOR with respect to all data delivered under this AGREEMENT.

13. SUBCONTRACT

The CONTRACTOR agrees that it will not, without the prior written consent of the COUNTY, assign this AGREEMENT or enter into subcontracts for the provision of services under this AGREEMENT. The COUNTY considers the prime CONTRACTOR to be the sole point of contact. The CONTRACTOR agrees to ensure that all subcontractors meet all of the requirements listed herein and to notify the COUNTY upon termination of any subcontract.

14. GRIEVANCE

The CONTRACTOR agrees to develop and implement a grievance system whereby Aid to Families with Dependent Children (AFDC) recipients who are under the age of 19 and who are custodial parents or pregnant and who have not obtained a high school diploma or its equivalent, hereinafter referred to as CLIENTS, may present their grievances concerning their eligibility or the operation of the service program provided by the CONTRACTOR. Such a grievance procedure shall not replace the CLIENTS' right to a hearing before the California Department of Social Services.

15. CASE MANAGEMENT SERVICES

The CONTRACTOR agrees to provide case management services for CLIENTS referred by the COUNTY as described in Exhibit "A."

16. REFERRAL

The CONTRACTOR agrees to refer all AFDC teen parents who are no longer eligible for the Cal-Learn Program to the COUNTY.

B. COUNTY RESPONSIBILITIES

1. INFORMATION

The COUNTY agrees to provide the CONTRACTOR with all information and documentation necessary to enable CONTRACTOR to fully perform the services required under this AGREEMENT.

2. SUPERVISION

The COUNTY agrees to maintain lead supervisory responsibility and to keep Federal and State officials informed of progress.

3. MONITOR

The COUNTY agrees to monitor this AGREEMENT in conjunction with the CONTRACTOR.

4. REFERRAL

The COUNTY agrees to refer to the CONTRACTOR all CLIENTS who are eligible for the Cal-Learn Program.

5. CASE MANAGEMENT SERVICES

The COUNTY agrees to provide designated case management as specified in Exhibit "B" consisting of two pages attached hereto and by this reference is incorporated herein.

C. JOINT RESPONSIBILITIES

1. CONTACT

Each party to this AGREEMENT shall designate a contact person whose primary responsibility is the liaison of activities to carry out this AGREEMENT.

2. INDEPENDENT CAPACITY

This AGREEMENT is not intended to and shall not be construed to create the relationship of agents, servant, employee, partnership, joint venture or association between the parties.

3. CONFIDENTIALITY

The COUNTY and the CONTRACTOR agree to comply and require its officers and employees to comply with the provisions of Section 10850 of the Welfare and Institutions Code, and the California Department of Social Services' Manual of Policy and Procedures, Division 19 Regulations to assure that:

- a. All records concerning any applicant or participant shall be confidential and shall not be open to examination for any purpose not directly connected with the purposes of this AGREEMENT. No person shall publish or disclose, or use or permit, or cause to be published, disclosed or used, any confidential information pertaining to any applicant for or recipient of public social services.
- b. The COUNTY and the CONTRACTOR agree to inform all of its employees, agents, subcontractors and partners of the above provisions and that any person knowingly and intentionally violating the provisions of said State law is guilty of a misdemeanor.

4. CASE CONFERENCE

The COUNTY and the CONTRACTOR will conduct joint meetings on at least a basis, or more frequently as needed concerning CLIENTS upon the request of either or both parties.

5. CLOSURE

The COUNTY and the CONTRACTOR agree to close cases of CLIENTS who exit the Cal-Learn Program upon completion of requirements, or who are no longer eligible for services. The CONTRACTOR understands and agrees that no reimbursement shall be made for CLIENTS who are not eligible to participate in the Cal-Learn Program.

D. TERM OF AGREEMENT

The	term	of	this	AGREEMENT	sh	all	be	from	 19)
thro	ough _				19	***	•			

E. FISCAL PROVISIONS

- 1. For the sole purpose of avoiding delays which would occur in the process of this AGREEMENT if execution of the AGREEMENT took place after determination of funding was made, it is mutually understood between the parties that this AGREEMENT may have been written before verification of funding by execution of the supporting State contract. Therefore, this AGREEMENT is valid and enforceable only if sufficient funds are made available to the COUNTY by the State for the purpose of the Cal-Learn Program.
- 2. In consideration of services provided by the CONTRACTOR to CLIENTS pursuant to this AGREEMENT, the CONTRACTOR shall be entitled to receive payment as specified in Exhibits C and D, subject to the audit at the end of the AGREEMENT period.
- 3. The maximum financial obligation of the COUNTY for the term of this AGREEMENT shall not exceed ______ dollars unless so amended in writing and approved by the COUNTY.
- 4. The consideration to be paid the CONTRACTOR, as provided herein, shall be in compensation for all of the CONTRACTOR'S expenses incurred in the performance hereof, including travel and per diem unless otherwise expressly so provided.
- 5. The COUNTY shall reimburse the CONTRACTOR in arrears upon the submission by the CONTRACTOR of an original signed invoice.
- 6. All invoices submitted to the COUNTY shall refer to the Contract Number _____ . Invoices which do not contain this number will be returned with a request for the information.
- 7. Final invoices shall be submitted not more than ____ calendar days after the AGREEMENT termination.
- 8. The COUNTY agrees to reimburse the CONTRACTOR within the usual course of business under normal conditions. However, should a desk audit reflect a question relating to the claim, all or part of the payment may be held at the discretion of the COUNTY until the questioned item is resolved.
- 9. The COUNTY reserves the right to review service levels and billing procedures as they may impact charges against this AGREEMENT.
- 10. In accordance with Federal regulations, invoices for period must be received by June 30, 199. Final billing for the remaining services must be received by the COUNTY within _____(_) days following the end of the AGREEMENT term.

- 11. It is mutually understood between the parties that this AGREEMENT may have been written before ascertaining the availability of congressional appropriation of funds, for the mutual benefit of both parties in order to avoid program and fiscal delays which would occur if the AGREEMENT were executed after that determination was made.
- 12. It is mutually agreed that if the Congress does not appropriate sufficient funds for the program, this AGREEMENT shall be amended to reflect any reduction in funds.
- 13. The COUNTY has the option to void the AGREEMENT under the 30-day cancellation clause or to amend the contract to reflect any reduction of funds.
- 14. In the event this AGREEMENT is terminated prior to the termination date as provided in Section G, 2., TERMINATION PROVISIONS of this AGREEMENT, the last reimbursement claim must be submitted within ___ (__) days after the CONTRACTOR discontinues operating under the terms of the AGREEMENT.

F. GENERAL PROVISIONS

1. AMENDMENTS

This AGREEMENT may be amended by written mutual consent of both parties.

2. TERMINATION PROVISIONS

Notwithstanding Sections D and E herein, this AGREEMENT may be terminated pursuant to any of the following applicable provisions:

- a. Either party may terminate this AGREEMENT, without cause, upon ____ (___) days written notice served upon the other party.
- b. The COUNTY may terminate this AGREEMENT, upon ___ (_) days written notice served upon the CONTRACTOR, should the CONTRACTOR fail to perform any of the covenants contained in this AGREEMENT, in the time and manner specified. In the event of such termination, the COUNTY may proceed with the work in any manner deemed proper by the COUNTY. The cost to the COUNTY shall be deducted from any sum due the CONTRACTOR, and the balance, if any, shall be paid the CONTRACTOR upon demand.
- c. After receipt of the Notice of Termination, pursuant to Paragraphs a. or b. above, or the CONTRACTOR is notified that the AGREEMENT will not be extended beyond the

termination date as specified in Section D and/or E, the CONTRACTOR shall:

- Stop all work under this AGREEMENT on the date, and to the extent specified, in the Notice of Termination;
- 2) Continue to provide the same level of service as previously required under the terms of this AGREEMENT until the date of termination; and,
- 3) If CLIENTS are to be transferred to another facility for services, furnish the COUNTY, upon request, all CLIENT information and documents deemed necessary by the COUNTY to affect an orderly transfer.
- d. The COUNTY shall continue to pay the CONTRACTOR at the same rate as previously allowed until the date of termination, as determined by the date of mailing by either party of the Notice of Termination.
- e. The CONTRACTOR shall submit a termination claim to the COUNTY promptly after receipt of a Notice of Termination, or on expiration of the AGREEMENT as specified in Section D, TERM OF AGREEMENT, but in no event, later than () days from the effective date, thereof, unless an extension, in writing, is granted by the COUNTY.
- f. The rights and remedies of the COUNTY provided in this section shall not be exclusive and are in addition to any other rights and remedies provided by law or under this AGREEMENT.

3. DEFAULT

The COUNTY may also terminate this AGREEMENT, in whole or in part, should the CONTRACTOR default within a period of ______ (___) days (or such longer period as the COUNTY may allow) after receipt from the COUNTY of a written notice specifying the nature of such default.

a. If, after notification to the CONTRACTOR by the COUNTY that this AGREEMENT is subject to termination for default, it is determined by the COUNTY, or a Court of Law, that the CONTRACTOR was not in default under the terms of this AGREEMENT or that the CONTRACTOR'S failure to perform or make progress in performance under the terms herein specified, was due to cause or causes beyond the control of and without error or negligence on behalf of the CONTRACTOR or any COUNTY-authorized subcontractor or agent, the Notice of Termination shall be deemed to have been issued under a "Termination for Convenience" of the COUNTY, and the rights and obligations of the parties hereto shall be governed accordingly.

b. Notwithstanding 3., a. above, in the event that Federal and State funding for this AGREEMENT ceases, this AGREEMENT shall terminate immediately by the COUNTY upon written notice to the CONTRACTOR. However, the CONTRACTOR shall be reimbursed for all costs incurred in the performance of this project, up to and including the date of termination, including any uncancellable obligations.

3. LAWS AND REGULATIONS

The COUNTY and the CONTRACTOR shall comply with all Federal, State, local laws and regulations applicable to its performance under this AGREEMENT. Should Federal or State rules, regulations or guidelines touching upon this AGREEMENT be adopted or revised during the term hereof, the CONTRACTOR shall comply with them or notify the COUNTY that it cannot so comply so that the COUNTY may take appropriate action including termination, if necessary.

4. ENERGY EFFICIENCY

The CONTRACTOR agrees to comply with the standards and policies relating to energy efficiency in State Energy Conservation Plan Title 24, California Code of Regulations, as required by the U.S. Energy, Policy and Conservation Act (P.L. 94-165).

5. CLEAN AIR ACT

Pursuant to 45 Code of Federal Regulation (CFR) Part 74, Appendix G, Section 14.1, the CONTRACTOR agrees to comply with all applicable standards, orders, or requirements issued under Section 306 of the Clean Air Act (42 U.S. Code 1857 [h]), Section 508 of the Clean Water Act (33 U.S. Code 1368), Executive Order 11738 and Environmental Protection Agency (EPA) Regulations (40 CFR Part 15). Under these laws and regulations, the CONTRACTOR assures that:

- a. No facility to be utilized in the performance of this Contract has been listed on the EPA list of violating facilities.
- b. At termination of this AGREEMENT, the CONTRACTOR shall provide a final inventory to the COUNTY and shall, at that time query the COUNTY as to the COUNTY'S requirements for returning said equipment. Final disposition of such equipment shall be at the COUNTY expense and in accordance with the COUNTY instructions issued immediately after the receipt of the final inventory.
- c. Before equipment purchases made by the CONTRACTOR are reimbursed by the COUNTY, the CONTRACTOR must submit copies of paid vendor receipts, identifying the purchase price, a description of the item, the serial number, model number and location of the equipment during the AGREEMENT term.

These receipts shall be attached to the CONTRACTOR'S invoice for the month in which the equipment was purchased.

6. MINORITY, WOMEN AND DISABLED VETERAN BUSINESS ENTERPRISES (M/W/DVBE)

The CONTRACTOR agrees to provide the COUNTY or its delegatee with any relevant information requested and shall permit the COUNTY or its delegatee access to its premises, upon reasonable notice, during normal business hours for the purpose of interviewing employees and inspecting and copying such books, records, accounts and other materials that may be relevant to a matter under investigation for the purpose of determining compliance with the Public Contract Code Section 10115 and Military and Veteran Code Section 999 (M/W/DVBE participation).

7. INDEMNIFICATION

Without limiting the CONTRACTOR's indemnification, it is agreed that the CONTRACTOR shall maintain in force at all times during the performance of this AGREEMENT, Worker's Compensation Insurance and a policy or policies of insurance covering all of its operations including but not limited to public liability, property damage, and any liability incurred under this dollars single limit AGREEMENT, with not less than liability. A certificate satisfactory to the COUNTY'S Risk Manager evidencing the maintenance of such insurance coverage shall be filed with the COUNTY'S Contracts Administrator prior to the provision of any services pursuant to this AGREEMENT. The COUNTY shall be given notice in writing at least thirty (30) days in advance of cancellation, modification or reduction in coverage. The certificate shall name the COUNTY, its officers, agents, servants, and employees as additional insurees. All insurance shall be in a company or companies authorized by law to transact insurance business in the State of California.

8. DISPUTE RESOLUTION

If the CONTRACTOR disputes a decision of the COUNTY'S designated representative regarding the performance of this AGREEMENT or on other issues for which the representative is authorized by this AGREEMENT to make a binding decision, the CONTRACTOR shall provide written dispute notice to the COUNTY'S representative within fifteen (15) calendar days after the date of the action.

- a. The written dispute notice shall contain the following information:
 - 1) The decision under dispute;
 - The reason(s) CONTRACTOR believes the decision of the COUNTY representative to have been in error (if applicable, reference pertinent AGREEMENT provisions);

- 3) Identification of all documents and substance of all oral communication which support the CONTRACTOR'S position; and
- 4) The dollar amount in dispute, if applicable.
- b. Upon receipt of the written dispute notice, the COUNTY program management will examine the matter and issue a written decision to the CONTRACTOR within fifteen (15) calendar days. The decision of the representative shall contain the following information:
 - A description of the dispute;
 - A reference to pertinent AGREEMENT provisions, if applicable;
 - A statement of the factual areas of agreement or disagreement; and,
 - 4) A statement of the representative's decision with supporting rationale.
- c. The decision of the COUNTY representative shall be final unless, within thirty (30) days from the date of receipt of the representative's decision, the CONTRACTOR files with the COUNTY a notice of appeal addressed to:

County		Department	of	h , green had a little and a li
County	Contact			
County	Address			

Pending resolution of any dispute, the CONTRACTOR shall diligently continue all AGREEMENT work and comply with all of the COUNTY representative's orders and directions.

9. SIGNING OF AGREEMENT

This AGREEMENT is of no force and effect unless and until signed by all of the parties hereto and approved by the County Board of Supervisors.

10. TERMS AND CONDITIONS

This AGREEMENT contains all the terms and conditions agreed upon by the parties. No other understanding, oral or otherwise, regarding the subject matter of this AGREEMENT shall be deemed to exist or to bind either of the parties hereto.

11. CIVIL RIGHTS

The CONTRACTOR shall abide by the provisions of the U.S. Civil Rights Act of 1964, the Department of Social Services Manual of Policy and Procedures, Division 21 and Welfare and Institutions

Code, Section 10000, which prohibits discrimination against any service recipient on the basis of race, national origin or ancestry, religion, sex, marital status, political affiliation, or physical or mental condition.

12. EQUAL EMPLOYMENT OPPORTUNITY

CONTRACTOR shall comply with U.S. Executive Order 11246, entitled "Equal Employment Opportunity." This is amended by U.S. Executive Order 11375 and supplemented on 45 CFR, Part 60. The CONTRACTOR shall not discriminate against any employee or applicant for employment on the basis of race, national origin or ancestry, religion, sex, marital status, political affiliation, or physical or mental condition.

IN WITNESS this	WHEREOF, the parties day of	hereto have executed, 199	this AGREEMENT
		COUNTY OF	_, COUNTY
		BY:	
		CONTRACTOR	·
		BY:	,

COUNTY COUNSEL AUTHORIZATION

SCOPE OF WORK CONTRACTOR

The COUNTY hereby hires CONTRACTOR as an independent agent to provide the services set forth as follows:

- A. Hire and maintain sufficient qualified staff to serve Cal-Learn referrals and demonstrate a commitment to quality care.
- B. Accept CLIENTS referred by _____ County who are registered in the GAIN/Cal-Learn Program and make appropriate referrals.
- C. Provide case management services within 15 work days from the date a CLIENT is referred. Case management services shall conform to the Adolescent Family Life Program standards and scope of services which includes the following:
 - 1. Continuous case management services from intake until a CLIENT is no longer eligible to participate in the Cal-Learn Program.
 - 2. Inform and provide program orientation to ensure that each CLIENT understands the program requirements and consequences of not making adequate or satisfactory progress.
 - 3. Inform and ensure that each CLIENT understands the consequences of when there is a break-in-aid while paticipating in the Cal-Learn Program.
 - Develop a comprehensive case plan.
 - 5. Prepare a report card submittal schedule and provide the schedule to the CLIENT.
 - 6. Develop a supportive services plan.
 - 7. Monitor each CLIENT through monthly contacts.
 - 8. Assess services being provided and determine their effectiveness toward reaching case plan goals and make the necessary changes to improve the CLIENT'S program.
 - 9. Make regular home and field visits.
 - 10. Provide in-depth health nutrition, child development and parenting assessment and education to enhance the CLIENT'S parenting skills and reduce the incidence of maternal and child morbidity and mortality.
 - 11. Provide short and long term planning and implementation of health, nutrition, child development and parenting goals.

- 12. Develop short and long term educational assessment and planning which will lead to a high school diploma or its equivalent
- 13. Review and monitor school attendance, performance and progress, and collect report card/progress report information.
- 14. Identify and arrange necessary child care, transportation and ancillary needs in order for the CLIENT to attend and finish high school or its equivalent.
- 15. Provide psychosocial assessment, treatment and or referral when appropriate.
- 16. Network with related agencies in linking CLIENTS to community resources, such as, but not limited to: health care, family planning, nutrition, health education, adoption counseling, transportation, mental health, education, legal, housing, financial, emergency, child care and parenting education services when appropriate.
- 17. Assess the suitability of the CLIENT'S living situation including, but not limited to, the physical and emotional health and safety of the CLIENT and child.
- 18. Facilitate an effective ongoing relationship between the CLIENT, the noncustodial parent and the child where it is in the best interest of the CLIENT and child.
- 19. Make reasonable efforts to contact a CLIENT who fails to make adequate progress and try to correct the situation so the CLIENT can make adequate progress.
- 20. Refer to Child Protective Services CLIENTS who need prevention services in order to avoid child abuse or neglect or who are reasonably suspected of child abuse or neglect.
- D. As appropriate, determine if the CLIENT should be exempt or deferred from participation in Cal-Learn and provide the COUNTY with the recommendation and documentation to support the CONTRACTOR'S recommendation under the Manual of Policies and Procedures (MPP) Sections 42-763.2 and .3.
- E. As appropriate, determine "good cause" for failure to demonstrate adequate progress and provide the COUNTY with the good cause recommendation and documentation to support the recommendation under MPP Section 42-768.
- F. Coordinate and facilitate meeting with COUNTY and other appropriate agency personnel in order to formulate

complementary care plans and to reduce the possibility of duplicating case management and other services as specified in the AGREEMENT, Section C, Item 4, CASE CONFERENCE.

- G. Collect, verify, and process child care claims of licensed providers on a monthly basis and submit to the COUNTY or for payment.
- H. Collect, verify, and process transportation and ancillary expense claims on a monthly basis and submit to the COUNTY or _____ for payment.
- I. Provide consultation to the CLIENT upon request. Act as counselor, colleague, and role model so that each CLIENT has someone to trust and to turn to for advice, guidance and ideas.
- J. Provide data collection and information as specified in the AGREEMENT, Section A., Item 6., REPORTING REQUIREMENTS.
- K. Provide job related training for CONTRACTOR'S staff, and participate in California Department of Health Services and California Department of Social Services training as required.
- L. Coordinate and facilitate case management of CLIENTS with others as required.
- M. Coordinate services with the COUNTY GAIN Program.
- N. Provide in-service training for COUNTY staff of the CONTRACTOR'S services, policies and procedures.
- O. Refer to the COUNTY clients who are no longer eligible to participate in Cal-Learn as specified in the AGREEMENT, Section A., Item 18., REFERRAL.
- P. Assist the transition to independent living those CLIENTS who will soon be no longer eligible to receive aid.
- Q. Close cases for CLIENTS who are no longer eligible to participate in Cal-Learn as specified in the AGREEMENT, Section C., Item 5., CLOSURE.
- R. Provide, maintain and update above services in accordance with policies and procedures of the Cal-Learn regulations MPP Sections 42-762, 42-763, 42-764, 42-765, 42-766, 42-767, 42-768 and 42-769.

SCOPE OF WORK

COUNTY

The COUNTY hereby agrees to provide case management services as follows:

- A. Register CLIENTS in the GAIN/Cal-Learn Program.
- B. Work register CLIENTS who are no longer eligible to participate in the Cal-Learn Program for GAIN within the constraints of the GAIN caseload and meeting the GAIN intake criteria referred by CONTRACTOR who have reached the age of 19 or obtained a high school diploma or its equivalent.
- C. Provide the following case management services to Cal-Learn CLIENTS:
 - 1. Inform CLIENTS of the Cal-Learn Program.
 - 2. Track and record activities provided by the CONTRACTOR for the CLIENT if appropriate.
 - 5. Review CONTRACTOR's recommendations for bonuses, sanctions, good cause, deferrals and exemptions; determine if the recommendations are valid; and inform the CONTRACTOR of the determination.
 - 6. Apply bonuses and sanctions.
- D. Refer CLIENTS who meet the criteria as specified in the AGREEMENT, Section B., Item 4., REFERRAL, to the CONTRACTOR for case management.
- E. Coordinate meetings with the CONTRACTOR and other appropriate agency personnel in order to formulate complementary case plans and to reduce the possibility of duplicating case management and other services as specified in the AGREEMENT, Section C., Item 4., CASE CONFERENCE.
- E. Review data collected from CONTRACTOR.
- G. Coordinate services with the CONTRACTOR.
- H. Provide in-service training for CONTRACTOR staff regarding COUNTY policies, procedures and the Cal-Learn Program.
- Close cases of CLIENTS who are no longer eligible to participate in Cal-Learn as specified in the AGREEMENT, Section C., Item 5., CLOSURE.

PAYMENT PROVISIONS

The attached form consisting of 2 pages and entitled "Payment Provisions" is made a part hereof by this reference. CONTRACTOR shall be reimbursed for expenses invoiced according to numbered items. However, the CONTRACTOR may make changes in any individual numbered line item provided all of the following conditions are met:

- A. The CONTRACTOR shall in advance of making any such change, submit a written request for approval of the proposed change to the COUNTY containing:
 - An Explanation that will justify the need for the proposed change; and
 - 2. Identification of the numbered line item(s) and the amount of each to be reduced or increased in order to provide for the proposed change.
- B. No single numbered line item shall be reduced or increased by more than 10 percent of the maximum amount payable in this agreement, or \$______ whichever is less; and
- C. The COUNTY approves the proposed changes in writing. Nothing in this section shall be construed as a change in the maximum amount payable, as specified in the AGREEMENT, Section F., Fiscal Provisions.

D TIBLEXS

PAYMENT PROVISIONS

WORKSHEET .

Succest Period: Contract Numbers | % Time | | Number of | on | Fay Period | Full Rate | Payments of Pay × | (Fay Project (Monthly (Fen Pay | State | Peniods, | State Su PERSCHNEL ((:emite) 115,939 1475 .-5! 31.25 Program danager 24,000 81.25 1000 Social Worker 1 1.00 950 31.15 Social Worker I 1.00 21,000 1.001 81.25 1.00 Social Worker 1 24 6,384 .28 950 31.25 Secretary II The Control of the Co (F) CUBTCTAL: Positions not receiving Employee Semefits*.... (0) COTAL PERSONABLE R + B + C + D........

Pory		ا بمحقیت مستنده ده ده ده ده ده	********		4
	<u> </u>			?	
	(cest	STATE	NUMBER OF	STATE SUPPO
	U41T	१६२ एमा 🏋	SHARE	FAYMENTS	(Col. 3:4:5
Speceting Expenses (literatio)					•
				<u>.</u>	<u> </u>
ravel (not to exceed State rates)	.285	500	100	12	6000
					1 6000
TOTAL TRANEL EXPENSES	<u></u> 1	<u></u> 1	 		
	1			1	1
space Rental	.94 saft	483	100	1 12	5795
	1 Sair	1			5796
) TOTAL STACE TENTAL EXPENSES	<u> </u>		<u> </u>	<u></u> 1	1 2/90
) 107 AU ST-42 1837-52 S		1 1	1		
Subcontract/Consultant Services	1		1	1	
	Ì		1		1
		1	1	l l	1
		1	1	Ì	
		i	1		1
	1	!			l 1
		1	1	}	1
	1			į]
•	.		1		1
	1	1	!	1	.l 1
	1	1			
(G) TOTAL SUBCONTRACTS/COMSETIANT SERVICES					 :==========
(G) TOTAL SISCUATION OF THE PROPERTY OF THE PR	=======================================	2	1	3	1 4
1					1 07175 7
1 OTHER OPERATING EXPENSES (10 molice)		AL CEST	<u> </u>	35472 37472 00 (1 STATE 1 0 C
	1	500.00	} }	,	1 - (0
l Office Supplies		2500.00	-	100	260
Telephone			İ	100	20
	1	200.00		100	\ [
Advertising		500.00	- 1	100	50
Postage	1	,00,00			<u></u>
1		400.00	1	100	1
Utilities		250 00	Ī	100	2
l case of Ruilding	1	250.00	 	100	1 2
Care Of Building	. 1	250.00	<u> </u>		1 - (
Equipment & Maintenance		3653.00		:00	1 36
Program Support	1				1
		4		<u> </u>	<u>i 20:</u>
יאל בפודו פותבם בפנפדנותם בגשבתצבציייייייייייייייייייייייייייייייייי		فتناسك المناجي والمراجع والمراجع			1:40.

FRINGE BENEFIT

GUIDELINES

Contract Uniformity

Department of Realth Services Contrict Management Section

· Ezzkizit)

Pursuant to the provisions of Article 1.8 (connencing with Section 242) of Chapter 2 of Part 1 of Division 1 of the Health and Safety code, the Department of Health Services, an agency of the State of California, sets forth the following policies, procedures, and guidelines regarding fringe benefits.

- As used in this agreement with reference to state funds, fringe benefits shall near an employment benefit given by one's employer to an employee in addition to one's regular or normal wages or salary.
- As used herein, fringe benefits does not include:
 - Compensation for personal services paid currently or account by the Contractor for services of employees rendered during the term of this agreement which is identified as regular or on antioned random outring the country to this egreeness minute is resistived as regard of normal salaries and wages, vacation, sick leave, holidays, jury duty anc/or military leave. a.
 - Director's and executive committee member's fees h.
 - Incentive or bonus pay · c.
 - Line The The Allowance for off-site pay - _ d.
 - Incentive or bonus pay
 - Location allowances
 - Hardship pay C.
 - Cost-of-living differentials
 - Specific allowable fringe benefits are identified as: •

Fringe benefits in the form of employer contributions for employer portion of payroll taxes (i.e., FICA, SUI, SDI, Training), employee health plans (i.e., health, dental, and vision), unemployment insurance, workers compensation insurance and employers portion of pension/retirement plans provided they are granted in accordance with established written organization policies and meet all legal and internal Revenue Service requirements.

- To be an allowable fringe benefit, it is agreed the cost must meet the following criteria:
 - Be necessary and reasonable for the performance of the contract,
 - Be determined in accordance with generally accepted accounting principles,
 - Be consistent with policies that apply uniformity to all activities of the Contractor.
 - It is agreed by both parties that any and all fringe benefits shall be at accual cost.

Accrued Compensation ٤.

- Compensation for vacation, sick leave, and holidays is limited to that amount accrued within the contract term. Unused vacation, sick leave, and holidays earned from periods prior to the contract period cannot be claimed as allowable posts. (See page 2 for an example).
- For multiple year contracts, vacation and sick leave compensation which is accrued but not paid, due to employee(s) not taking vacation or sick leave may be carried over and claimed within the overall term of the multiple years of the contract. Holidays cannot be carried over. (See page 2 for an example).
- For single year contracts, vacation, sick leave, and holiday compensation which is accrued but not paid, due to employee(s) not taking time-off within the contrast term, ginner be claimed es an allowable cost. (See page 2 for an example).

Contract Uniformity (Continued) Acres Concention Exagina

Traple Ko. 1:

If an employee, John Doe, is allowed three weeks of vacation and twelve days of sick leave each year If an employee, John Dum, is allowed that may be claimed during a contract period. If John Doe has five that is the maximum amount that may be claimed during a contract period. then that is the maximum amount that may be craimed during a contract period. In bonn one has rive weeks of vacation and eighteen days of sick leave at the beginning of the State contract term, the weeks of vacation and eighteen bejon, sick term may only claim up to three weeks of vacation and twelve days are Contractor during a one year contract term may only claim up to three weeks of vacation and twelve days Contractor during a one year contract termine, only claim up to time weeks or receiped and twelve cays of sick leave actually used by the employee. Amounts earned/accrued in periods prior to the beginning of the contract are not an allowable cost.

Example 40. 2:

If during a three year (multiple year) contract John Doe does not use his three weeks of vacation in year one nor his three weeks in year two, but he open actually use nine weeks in year three, then the year one nor mis times weeks in year two, but he uses actually use mine weeks in year three. The total compensation Contractor would be allowed to claim all nine weeks paid for in year three. The total compensation concressor where we arrowed to train arrowing weaks year for in year times. The rotation of contrast compensation. If over the three year period cannot exceed 155 xeeks (3 x 52 xeeks) of total compensation.

Example No. 3:

If during a single year contract John Doe works fifty weeks and uses one week of vacation and one week If curring a single year contract comm one works have been billed to the State then the remaining unused of sick leave and all fifty-two of these weeks have been billed to the State then the remaining unused or such leave one are crosposed or choose weeks two electronities are claimed as an allowable cost. Two weeks of vacation and seven days of sick leave may not be claimed as an allowable cost.

NOTICE OF ACTION

COUNTY OF

STATE OF CALIFORNIA HEALTH AND WELFARE AGENCY DEPARTMENT OF SOCIAL SERVICES

		Notice Date : Case Name : Humber : Worker Name : Number : Telephone: Address :	
ADDRESSEE)			
			Questions? Ask your Cal-Learn Case Manager.
·			
·			State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells you how.
As of			
Rules: These rules apply. You may review them at your welfare			
office: MPP 42-750.1, 42-750.4			

NOTICE OF ACTION

COUNTY OF

STATE OF CALIFORNIA HEALTH AND WELFARE AGENCY DEPARTMENT OF SOCIAL SERVICES

	Notice Date : Case	
	Name : Number : _	
	Worker Name	
	Number : _	
	Telephone: _	
	Address : _	
	_	
(ADDRESSEE)		
	ļ	Questions? Ask your Cal-Learn Case Manager.
		Gaestons, Man your out com com com
		•
1	1	
<u> </u>		
·		State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells you how.
and the second s		
As of, the county has approved your request for payment of the following items needed for your approved Cal-Learn		
activity:		•
Item Cost Item Cost		•
		•
Total \$		
Your payments will be: ☐ Advanced to you ☐ Paid back to you ☐ Paid to the store ☐ Paid to the school ☐ Other:		
☐ The following items you asked for were not approved for		
payment:		
Item Item		
Here's why:		
☐ The cost is not necessary because:		
You do not need for your Cal-Learn		
activity because:		
Other:		
·-		
Rules: These rules apply. You may review them at your welfare	•	·
office: MPP 42-750.1, 42-750.5, 42-750.6		